

INTERNATIONAL THEOLOGICAL SEMINARY

**A MODEL FOR EVANGELIZING MEDICAL DOCTORS IN
THAILAND**

By

Sompob Paibulsirijit

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ABSTRACT

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Literature on evangelism towards professional groups suggest some key aspects of effective evangelism models. However evangelistic methods that would be effective in reaching medical doctors in Thailand have not been well explored or documented. This explanatory sequential mixed methods study aims to identify factors contributing to an effective evangelism model to reach medical doctors in Thailand by obtaining quantitative results from a survey of 62 Christian medical doctors and following up with seven purposefully selected individuals to explore those results in more depth through qualitative case study analysis. The findings that emerged from this study are that Thai medical doctors are difficult to assess by non-medically trained Christian. Therefore, Christian medical doctors need to be more conscious in sharing the gospel with their medical colleagues. Evangelical tools that are proven to be effective in the study are: prayer request, recommending prospects to read the Bible, recommending prospects to watch Christian movies, inviting prospects to church on special occasions, and recommending prospects to read Christian books. In terms of communicating the gospel, the study recommends Christians to be selective in sharing the gospel with those who are willing to listen and doing it appropriately. Christians should consider starting by having an intellectual, logical, and spiritual dialogue, and avoid debating theology reasoning and comparing religions. They should also do so with love and compassion. Churches need to be more deliberate in evangelizing Thai medical doctors and treat them as an unreached

group. Training in evangelizing Thai Medical Doctors and setting up support groups for Thai Christian medical doctors are essential, as they are the frontline workers who interact with their unbelieving peers closely and directly.

Mentor: Dr. Banpot Mekstapornkul

273 words

ENGLISH LANGUAGE DISCLAIMER

As a non-native speaker of English, I am aware that my writing may at times lack clarity, though I have attempted to write as clearly as possible. Please note that the primary purpose of this work is to acknowledge a theory and to apply it to a particular context. I appreciate the editorial assistance I have received from various individuals but acknowledge that the responsibility for this work is entirely my own.

DEDICATION

To God be the Glory. I dedicate this work to my wife, Kotchakorn, and my two children, Irene and Nich, and all the spiritual brothers and sisters who have accompanied me on my spiritual journey with God. It was an honor to have the opportunity to study at BBS and ITS. May the Lord use me to expand His Kingdom.

“The Lord is my shepherd; I shall not want.” (Ps. 23:1)

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CHAPTER 1

INTRODUCTION

In 1828, Protestant Christianity began to take root in Siam, now known as Thailand, through the evangelistic work of protestant missionaries, Rev. Dr. Carl Augustus Friederich Gutzlaff, M.D. and Rev. Jacob Tomlin.¹ But despite continuous efforts by successive generations of Protestant missionaries and local Christian leaders, the number of Christians in Thailand is still under 1% of the population. The latest estimate by eSTAR Foundation published in April 2021 suggests that only 0.77% of the population in Thailand is Christian.² Due to Thai culture and Buddhism influence, there are often disconnects, within the Thai Christian community, between their understanding of Christ and Biblical Truth.³ Stephen Taylor attributes this deficiency in the belief system of Thai Christians to “a lack in understanding of God’s grace, a relatively low level of intimacy with God, and the idea that God can be manipulated.” Therefore, developing a culturally appropriate theology is essential to educating Thai Christians to form their beliefs and understanding of Biblical truth (Taylor, 1999).

In Matthew 28:18-20, Jesus gives the Great Commission and commands His followers to make disciples of all nations. While this command still holds true today, evangelists working in Thailand have struggled to overcome both the prejudices of the Buddhist context and limited opportunities to share the gospel with professional groups.

¹ Saad Chaiwan, “A Study of Christian Mission in Thailand,” *East Asia Journal of Theology* 2, no.1 (1984): 66.

² “Statistics.” Estar Foundation, last modified April 24, 2022, <https://estar.ws/index.html>.

³ Stephen Taylor C. R., “A Study of the Relationship between Christian Education and the Belief System of Thai Christians” (DMin diss, International Theology Seminary, 1999).

In the medical profession, medical doctors (M.D.) have been considered a very difficult group to reach. The Thai Medical Council shows that there are 63,838 living medical doctors in Thailand at the end of December 2020⁴ (Table 1). Although there is no official data regarding specific religions of medical doctors in Thailand, it can be safely assumed that the majority of Thai doctors practice Buddhism, given that Christians represent only 0.77 percent of the general Thai population. The number of Christian medical doctors in Thailand can be estimated to be around 491. In addition, the Public Health Registry of Hospitals reports that there are 60 Regional Hospitals and 26,882 other healthcare centers. These numbers suggest that most Christian doctors work in a setting where they do not have Christian colleagues.⁵

TABLE 1: PHYSICIANS REGISTERED WITH THAI MEDICAL COUNCIL

	Total	Male	Female
All registrants	66,301	36,478	29,823
Living registrants	63,838	34,474	29,364

A study conducted among US physicians demonstrates that the majority of them believe in God (65.2 %). 51.2 % reported themselves as religious, 24.8 % spiritual, 12.4 % agnostic, and 11.6 % atheist.⁶ Studies have been done on topics relating to the

⁴ “Thai Medical Doctor Statistic”, Thai Medical Council, last modified April 04, 2022, <https://www.tmc.or.th/pdf/stat-medtmc-05012564.pdf>.

⁵ “This Map Shows If You Will Get to The Hospital in Time from Anywhere in Thailand,” IWCDWAFI, last modified October 11, 2018, <https://medium.com/@iwishcognitivedissonance/this-map-shows-if-you-will-get-to-the-hospital-in-time-from-anywhere-in-thailand-fd73d13aa3db>

⁶ Kristin A Robinson et al., “Religious and Spiritual Beliefs of Physicians,” *Journal of Religion and Health* 56, no. 1 (February 2017): 205–25.

evangelism of professional groups. Some studies explore the current methods of evangelism and discipleship training used for reaching professionals in North American cities, others focus on the most effective methods of communicating the gospel to the urban, upper middle class in Thailand. There are also studies that highlight factors relating to the conversion of Buddhist believers to Christianity, and information on issues concerning faith matters for physicians during their discernment and faith formation in their journey to become Catholic physicians. However, there is no such data or research on the spiritual beliefs of Thai doctors. Information about the Christian faith among Thai Christian doctors would serve as a practical starting point for launching evangelism campaigns among Thai doctors, as it would provide meaningful insights from the Christian doctors that would help build an effective evangelism model to be used among medical doctors in Thailand.

1.1. PROBLEM STATEMENT

The literature on evangelism to professional groups suggest some key aspects of effective evangelism models. However very little is known about evangelistic methods that are effective in reaching medical doctors in Thailand. This study seeks to understand the spiritual journey of Thai Christian doctors and proposes an effective evangelistic model for reaching medical doctors in Thailand.

1.2. PURPOSE STATEMENT

The purpose of this explanatory sequential mixed-methods study is to identify the factors contributing to an effective evangelism model for reaching medical doctors in Thailand.

1.3. RESEARCH QUESTIONS

Central guiding question: What is the effective evangelism model in reaching medical doctors in Thailand? The sub-questions are:

- 1) What are the most important factors bringing Thai M.D. to Christ?
- 2) What are the factors that make Thai medical doctors most interested in God?
- 3) What are the barriers for evangelism with this group of people?

1.4. SCOPE OF THE STUDY

This study seeks to understand and describe the most effective evangelism model to reach the medical professionals in Thailand. The study focuses on Thai medical doctors who earned their M.D. degree through formal medical education from medical schools. It does not include traditional medicine practitioners. Survey is conducted through an online questionnaire, as well as Additional follow-up interviews with selected individuals, missionaries, and pastor to gain in-depth understanding of the most important factors that has brought Thai Christian doctors to Christ, barriers, and the church's settings.

1.5. LIMITATIONS

This study faces two limitations: the identification of Christian medical doctors in Thailand, and the response rate of participants. This study is limited to an initial sample size of 60 and is not intended to explore or produce an exhaustive list of explanations of all possible methods for evangelism to reach other health care professionals, or other social and cultural context outside of Thailand.

1.6. SIGNIFICANT STATEMENTS

This study will attempt to make both theoretical and practical contributions to the knowledge of evangelism among medical doctors in Thailand.

1.6.1 Theoretical Significance of Study

High value and respect are placed on medical doctors in Thailand as Thai society considers health and medicine a necessity of life. Thai Medical doctors play a crucial role in delivering a full spectrum of health care, starting from health promotion, healing, and even making decisions on terminating life (abortion, non-resuscitation order...etc.), as per the boundaries of Thai law. Hence, medical doctors are well educated, intelligent, and are trained to think and make decisions rationally and ethically based on evidence derived from scientific data. Health, wealth, prestige, respect, and prosperity are not unfamiliar to medical doctors. To believe in a certain principle or doctrine, medical doctors will demand evidence or rational scientific explanation. Unless the reason to believe is sound and logical, a persuasion to believe will not be considered seriously. This paradigm does not only influence the worldly lives of medical doctors, but also their spiritual lives as well. Non-medically trained Christians face difficulties in approaching medical doctors and have little confidence to witness and share the gospel with them. This study aims to offer evidence to scholars and educators, especially those who are in the field of evangelism to help them share the gospel with medical doctors in Thailand more effectively.

1.6.2 Practical Significance of Study

The findings of this study will enable readers to have a better understanding of factors that bring Thai medical doctors to Christ, potential barriers to this process, and a model for effective evangelism for reaching out to them. Subsequently, non-medically

trained Christians can adopt and use the model when they meet with Thai medical doctors and are prompted by the Holy Spirit to witness and share the gospel with them.

CHAPTER 2

LITERATURE REVIEW

This chapter reviews the literature in an attempt to understand evangelism in professional groups, with a particular focus on medical profession and the Thai context. However, literature searches directly related to the evangelism of medical doctors in Thailand have been insufficient. While there are some articles that describe evangelism among urban professionals in general, as well as the specific context of metropolitan North America, and a report about reaching out to the upper middle class of urban Thailand, there has been no study that specifically deals with the medical doctors group. This study appears to be the first work devoted to discussing, in detail, the process of evangelism among medical doctors in Thailand.

The following section will explore four aspects of evangelism that set the context for this thesis.

2.1. EVANGELISM TO PROFESSIONALS IN THAILAND

This section will explore two aspects of evangelism in Thailand.

2.1.1. Evangelism in the Context of Thailand

Thailand has no official state religion. The freedom to practice religion is protected by the constitution.⁷ The largest religious group in Thailand is Buddhism with 93% of Thai people proclaiming to be Buddhist. The Islamic community is located

⁷ Constitution of the Kingdom of Thailand B.E. 2560, Chapter III

predominantly in the southern region of the country and accounts for 5% of the population. In the census, Catholics and Protestant Christians are combined and grouped as Christianity, which accounts for only 1.2% of population. The latest estimate from eSTAR Foundation published in April 2021 found that only 0.77% of the population in Thailand is Christian, with a total of 6,218 evangelical churches in Thailand.⁸

TABLE 2: POPULATION BY RELIGIONS⁹

Religion	Census 2010		Census 2015		Census 2018	
	Population	%	Population	%	Population	%
Buddhism	61,746,429	93.58%	63,620,298	94.50%	63,299,192	93.46%
Islam	3,259,340	4.94%	2,892,311	4.29%	3,639,233	5.37%
Christianity	789,376	1.20%	787,589	1.17%	767,624	1.13%
Hinduism	41,808	0.06%	22,110	0.03%	12,195	0.02%
Sikhism	11,124	0.02%	716	0.00%		
Confucianism	16,718	0.02%	1,030	0.00%		
Other religions	70,742	0.11%	1,583	0.00%	2,009	0.00%
Not religious	46,122	0.07%	2,925	0.01%	2,082	0.00%
Unknown	3,820	0.01%	-	-	4,085	0.01%
Total	65,981,660	100%	67,228,562	100%	67,726,419	100%

In 1828, Western Protestant missionaries first came to the Kingdom of Siam. Rev. Dr. Carl Augustus Friederich Gutzlaff, M.D., and Rev. Jacob Tomlin started their work in Siam under the reign of King Rama III of Chakri dynasty. Subsequent waves of missionaries followed, and evangelism widely begun. In the early years, missionaries with their mission organizations were tremendously opposed by the Thai officials. There were only 13 Thai-Chinese believers and 28 Thai believers in the span of 30 years of

⁸ “Statistics.” Estar Foundation, last modified April 24, 2022, <https://estar.ws/index.html>.

⁹ Source: “Statistic: Religions Cultures Traditions.” Statistic Table by Religions. National Statistical Office of Thailand. Accessed November 15, 2021. <http://statbbi.nso.go.th/staticreport/Page/sector/th/04.aspx>.

evangelism.¹⁰ In September 1869, in the northern region of Siam, the first two Thai Christians, Suriya and Nanchai of Chiang Mai, were executed by the order of King Kawiloros, the ruler of Chiang Mai, in fear of the missionaries' influence on local Buddhist, as a few people started accepting the gospel and converting to Christianity. The execution was to threaten and prevent conversion. Early missionaries had to fight the stigma of Christianity being a "Western religion," as the Christianization of Siam was synonymous with the Westernization of the country. This fact has contributed to a prevailing view among Thai people that Christianity is a distinctly western religion and to convert means to leave behind Thai culture. In addition to evangelizing the gospel and planting churches, missionaries also helped the country improve education, healthcare, mass communication, and even influenced the modernization of the legislative system.¹¹ Many Christian schools, colleges, and hospitals were established under various Christian organizations. After the first two Thai Christians were executed, missionaries were able to get the King of Siam to investigate, resulting in major reforms that allow freedom of religion. King Chulalongkorn prescribed the first edict of religious freedom in 1878, and the first constitution, which was issued in 1932, defined the King's position as the supreme supporter of all religions in Thailand.¹² Although these royal decrees removed the legal barriers to evangelism in Siam/Thailand, the Thai Christian population has been growing at a dismal rate over the past two centuries. This concern is much related to the fact that the converts have failed to pass their faith onto subsequent generations. One can view it as Christianity has been failing to thrive in Thailand.

¹⁰ A. G. Smith, In Siamese gold: A history of church growth in Thailand: An interpretive analysis 1816-1980 (Bangkok: Kanok Bannasan (OMF Publishers), 1982).

¹¹ Ruth Streicher. "Imperialism, Buddhism and Islam in Siam: Exploring the Buddhist Secular in the *Nangsue Sadaeng Kitchanukit* , 1867." *Journal of Southeast Asian Studies*, 52, no. 1, Mar. 2021, pp. 7–25. DOI.org (Crossref), <https://doi.org/10.1017/S0022463421000126>.

¹² Ibid., 25.

Khamsay Phetcharoen reviewed the traditional approaches to Buddhist evangelism that either faced opposition or were ineffective. The Colonial Approach ended in a revolt against Christianity in 1688, the Confrontational Approach practiced widely among the early missionaries drew negative reactions, the Dialogue Approach to foster a better relationship, and the One-Size-Fits-All approach attempted to make Thai converts adopt the culture of Western Christians. For example, Christian missionaries introduced blouses for women, whose bare chests were considered acceptable at the time, to wear to school and Church. Christian missionaries also frowned upon polygamy, which was widely practiced in Thai society, but was a taboo subject among the missionaries. Although Thai women adapted the change in mindset quickly, it did cause trouble and opposition from male officials who hated the changes being implemented by Christian missionaries. Thus, Christianity is viewed as a Western religion and does not appeal to most Thais. Phetcharoen proposes the Relational-Contextual Approach, which combines building relationships with people and focuses on making the message and method relevant to people.¹³

Kelly Michael Hilderbrand conducted a study of factors that influence Thai Buddhists to convert to Christianity. His findings suggest that there are three common factors that influence a person's choice to accept Jesus: dissatisfaction or incongruence with Buddhism (such as search for love and forgiveness from guilt and shame), contact with Christian culture (such as sense of family, encouraged to pray), and encounter with the Holy Spirit (such as sensing presence of God, answered prayer, a vision, unexplained miracle).¹⁴

¹³ Khamsay Phetchareun, "Presenting The Gospel Message In Thailand" (Dmin diss, Andrew University, 2005).

¹⁴ Michael Hilderbrand Kelly, "What Led Thai Buddhist Background Believers to Become Christians: A Study of One Church in Bangkok." *Missiology: An International Review* 44, no. 4 (October 2016): 400–415. <https://doi.org/10.1177/0091829616666511>.

Stephen C.R. Taylor suggests a method of developing Thai theology, which is relevant to the needs and/or interest of Thai people while avoiding the creation of a “theology from below” that erroneously places man and his needs in the center.¹⁵ He proposes the following 5 step approach: select a theological statement, idea or topic of interests to Thais; identify the issues and feelings that Thai people have toward the selected concept; identify sources of data, both Biblical and natural, that relate to these intuitive responses; seek the leadership of the Holy Spirit, and compare conclusions to the doctrinal passages concerning on the topic at hand.¹⁶

2.1.2. Evangelism to Reach Urban Professionals

Ralph Baeza conducted a study to analyze the current evangelistic and discipleship methods and devise new ones for reaching professionals in North American cities. He surveyed church leaders and professionals in ten largest metropolitan areas in the United States according to the US 2010 Census. The research data suggests that churches and ministries are mostly attended and supported by blue collar people.¹⁷ 70% of professionals and 65.4% of the ministries that Baeza surveyed had no specific intention to reach American professionals. Their evangelism was generally directed toward urban dwellers.¹⁸ Moreover both Christian professionals and ministries admitted that lack of interests, obligations for career, work obligations, and family were factors that hindered the evangelization and discipleship training of professionals.¹⁹ From his findings he proposed an effective way in evangelism to reach urban professionals through

¹⁵ Steve Taylor, “A PROLEGOMENA FOR THE THAI CONTEXT: A Starting Point for Thai Theology,” *Evangelical Review of Theology* 29, no. 1 (January 2005): 32–50.

¹⁶ *Ibid.*, 49.

¹⁷ Ralph Baeza, “21st Century Evangelism and Church Growth Approach to Reach Urban Professionals in North America Metropolises” (DMin diss, Liberty Baptist Theological Seminary April, 2013).

¹⁸ *Ibid.*, 56

¹⁹ *Ibid.*, 68,71

collaboration between the professionals' ministry and the local churches. In this way, professionals would be invited to attend evangelistic sessions organized by the ministry. The topics for these events would be relevant to the life of professionals. After the session, they will be contacted personally by Christian professionals. The best settings can be either small or large gatherings at the workplace, a church congregation, or a home. After they have made a profession of faith, the discipleship process will take place in the ministry setting, or in another church congregation, or even a home according to the resources of the ministry and specific needs of the new Christian professionals.²⁰ This approach can provide a seamless journey of faith for professionals that transition from non-believer to believer and to disciple.

Kanok Leelahakriengkrai, in his recent research conducted in 2021 to investigate the effective evangelism approach to reach urban upper-middle class,²¹ surveyed 415 upper-middle class Christians in urban settings in Thailand. The research shows many interesting findings:

- 64.6% of the respondents are in the age group of 35-54, 76.9% were born into non-Christian families
- 38.3% were converted to Christianity during their career, 25.5% during high school, and 22.5% during university years
- Gospel message and God were not intimidating topics to the participants in the study, and they would have been interested in more information
- Participants did not feel that there was a hidden agenda while attending church or care group
- Christian community was perceived as warm and welcoming
- With regard to responding to the gospel, close to 25% instantly accepted Christ, 60% were willing to have further information and 15% instantly rejected Christ
- The top three reasons why respondents accepted Christ are; God's love (29.9%), testing God if He truly existed (17.6%) and answered prayers (15.9%)
- After confession of allegiance, the majority (~70%) had confidence in their salvation

²⁰ Ibid., 94

²¹ Leelahakriengkrai, Kanok. 2021. "A Model for Evangelism to the Upper-middle-class of Urban Thailand," Dissertation.

- In the first year after accepting Christ, the majority (~70%) still were committed to their Christian faith
- The top three reasons respondents gave for their participation in Christian fellowship were experiencing God's blessings, impressed by the Christian community, and meaningful sermons or teachings
- Three most effective evangelism methods were personal testimony, challenging to pray for a specific prayer anticipating God's answer, and a clear explanation of the gospel
- Correlation between current practices in evangelism and attending Christian fellowship was low to medium across the board
- Three significant correlations (between evangelism practices reasons in attending Church or care groups) are:
 - a) Christian celebrities and Christian family member
 - b) In order of the effect; Christian celebrity, Christian movies and answered prayer and Christian community.
 - c) In order of the effect; Christian music, Christian celebrity, Christian online contents and reading the Bible and Experience and Learning.

Kanok Leelahariengkrai recommends that Thai churches should reach out to upper-middle-class by:²²

- 1) Emphasize God's love in the gospel
- 2) Present Jesus Christ as the centrality of the gospel and spiritual experiences
- 3) Enthusiastically Follow-up on new believers
- 4) Use Christian events as a bridge to the gospel
- 5) Enhance love and warm atmosphere at church meetings
- 6) Develop Christian cultural contexts for Thais

2.2 METHODS OF EVANGELISM

Many evangelist groups categorize methods of evangelism broadly into three broad-based categories.²³

²² Ibid, 62-68.

²³ "A Comparison of 3 Evangelism Methods." 2013. *EvangelismCoach.Org* (blog). April 4, 2013. <https://www.evangelismcoach.org/a-comparison-of-3-evangelism-methods/>; Henry, Andy. 2016. "Methods of Evangelism." *Stop & Ponder Life Along the Way* (blog). September 2, 2016. <https://aahenry.wordpress.com/2016/09/01/methods-of-evangelism/>; "Methods of Evangelism." n.d. Accessed December 9, 2021. <http://johnchristy.com/Methods-of-Evangelism/>; "Methods of Evangelism (Pros and Cons)." n.d. The Second Man. Accessed December 9, 2021. <http://www.addictedtoministry.com/1/post/2017/07/methods-of-evangelism-pros-and-cons.html>.

2.2.1 Intellectual Evangelism:

Intellectual Evangelism uses a systematic approach in delineating God's salvation plan through Bible verses that are often illustrated by some graphic or color. The archetypes of this method are "The Four Spiritual Laws" and the "Roman Road" described in the following sections:

2.2.1.1 The Four Spiritual Laws was developed by Bill Bright, the founder of Campus Crusade for Christ (CCC), in 1951 (CCC was renamed to Cru in 2011²⁴). The Four Spiritual Laws consists of:²⁵ (Figure 1)

- 1) God loves you and has a wonderful plan for your life. (John 3:16, 10:10)²⁶
- 2) Man is sinful and separated from God, thus he cannot know and experience God's plan for life. (Rom. 6:23)
- 3) Jesus Christ is God's provision for man's sin through whom man can know God's love and plan for his life. (Rom. 5:8, Cor. 15:3-6)
- 4) We must receive Jesus Christ as Savior and Lord by personal invitation. (John 1:12, Rev. 3:20)

²⁴ "About | Cru." n.d. Cru.Org. Accessed December 10, 2021.
<https://www.cru.org/us/en/about.html>.

²⁵ Krabbendam, Hans. 2011. Review of Review of Bill Bright and Campus Crusade for Christ. *The Renewal of Evangelicalism in Postwar America*, by John G. Turner. Church History and Religious Culture 91, no. 3/4: 609–11.

²⁶ Unless otherwise noted, all biblical passages referenced employ the *New International Version* (Zondervan Publishing House, 2018).

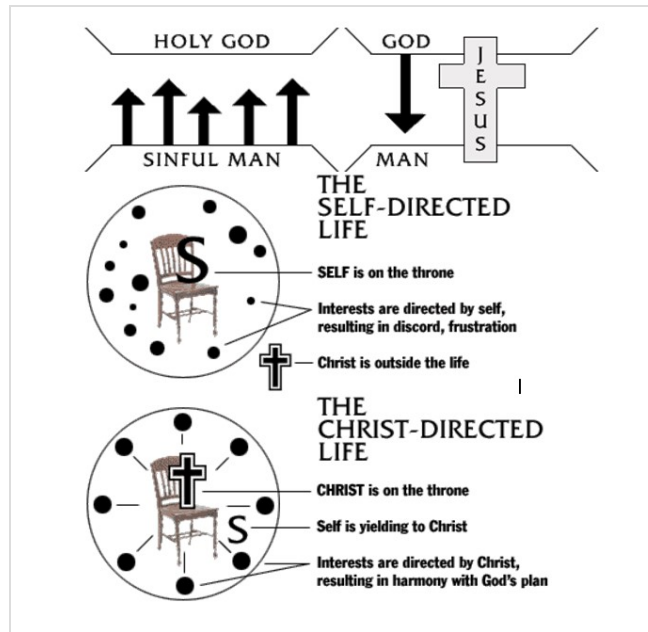


FIGURE 1. THE FOUR SPIRITUAL LAWS²⁷

2.2.1.2 The Roman Roads was developed by Dr. Jack Frasure Hyle, who was the pastor of First Baptist Church of Hammond in Hammond, Indiana, USA. The basic idea is to present the salvation plan through faith in Jesus Christ by a selection of Bible verses from the book of Romans.^{28,29} The dialogue consists of:

- 1) The Problem-Sin: (Rom. 3:10, 3:23)
- 2) The Consequences-Death (Rom.5:12, 6:23)
- 3) The Scope-God's creation (Rom.1:20)
- 4) The Solution-Christ (Rom. 10:9-10)
- 5) The Assurance-Salvation (Rom. 10:13)
- 6) The Result-Peace with God (Rom. 5:1, 8:1, 8:38-39)

²⁷ Source: "The Four Spiritual Laws-English-Knowing God Personally." n.d. Accessed December 10, 2021. <http://www.4laws.com/laws/englishkgp/default.htm>.

²⁸ "There Remaineth Yet Very Much Land to Be Possessed - The Jack Hyles Home Page." n.d. Accessed December 10, 2021. <https://www.jackhyles.com/muchland.htm>.

²⁹ Dr. Jack Hyles preached the original Romans Road list on Sunday morning, June 28, 1970. During his sermon, Dr. Hyles said, "I came up with a little plan of presenting the plan of salvation called 'The Romans Road' whereby you take verses contained in Romans and show people how to be saved using Romans 3:10, and Romans 3:23, and Romans 5:12, and Romans 5:8 and on and on. I termed it, 'the Roman Road'".

Advantages: Both methods of evangelism use biblical based messages and focus on scriptural reasoning in a simplified and easy to understand presentation.³⁰ The Four Spiritual Law starts with the love of God, while the Roman Roads starts with sin. Both methods reveal God's view towards sinful humans and non-believers. It is a powerful and effective method for those who regard the Bible as God's word and are willing to trust its teachings.

Disadvantages: If a non-believer does not believe that God exist or accept that the Bible is the word of God, then all claims based on Bible verses are nullified. Furthermore, there can be a misunderstanding that people can be saved solely by praying a prayer. Joshua Kellogg mentions in his thesis:

The only major concern with the Four Spiritual Laws is how it mentions that a person receives Christ through prayer. This is troubling because people may assume that they are saved through praying a prayer. However, if the prayer is not combined with faith, then they are not saved. There is a danger that this pamphlet may produce people who believe that they are saved when they really are not.³¹

Evangelists need to ensure that the person they are trying to evangelize clearly understands that salvation can only come through faith in Jesus Christ, thus prayer must combine with faith in Him.

2.1.2. Relational or Lifestyle or Servant Evangelism:

This method of evangelism is done by living a lifestyle modeled after Jesus in John 13:1-17 and Mathew 25:31-40. The focus is to identify with people, build relationships, and emphasize God's love through actions and words. This method is not intrusive or confrontational because it depends on building relationships first. David

³⁰ Joshua Kellogg, "The Four Spiritual Laws: An Analysis Of Campus Crusade's Method Of Evangelism" (Senior Thesis at Liberty University, 2012).

³¹ Ibid, 30

Wheeler describes, “Servant evangelism is a combination of simple acts of kindness and intentional sharing of the gospel.”³² It is simply an attempt to put the gospel message into action, and a subtle way to engage with people in various cultures and societies.

Advantages: By being a living example, it is easier to share the gospel and witness Christ once the relationship is built. This method is easy to practice, especially for those who are shy and not eloquent or well versed. It is also a way to glorify God as a true Christian to live a lifestyle that aligns with Jesus Christ and submits to Him (Phil. 2:1-5).

Disadvantages: This method emphasizes on serving to build relationships without verbal sharing of the gospel. Thus, it takes time and might miss the chance to share the gospel when the relationship is not mature enough. Hence, evangelists can be discouraged after much effort without any success in converting new believers. Moreover, not all Christians live out what they proclaim in contrast to some nonbelievers who may be quite generous, compassionate, and do many good works.

2.2.3 Confrontational Evangelism: Evangelism Explosion

This evangelism method was developed by Dr. D. James Kennedy in the 1960s. The aim of this method is to bring nonbelievers to faith by multiplication according to Acts 6:7, “So the word of God spread. The number of disciples in Jerusalem increased rapidly, and a large number of priests became obedient to the faith.” The passage emphasizes training Christians to share the Christian message by home visitations and everyday encounters in the community. The method consists of two provocative

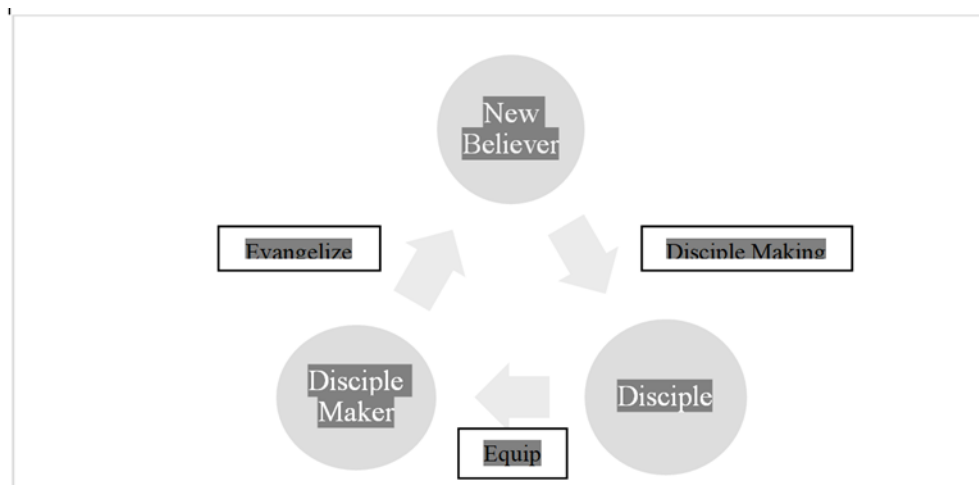
³² Earley, Dave, and David A. Wheeler. 2010. *Evangelism Is--: How to Share Jesus with Passion and Confidence*. Nashville, Tenn: B & H Academic.

“diagnostic questions” that evangelists would use in starting conversation with non-believers:³³

- 1) Have you come to the place in your spiritual life where you can say you know for certain that if you were to die today you would go to heaven?
- 2) Suppose that you were to die today and stand before God and he were to say to you, "Why should I let you into my heaven?" What would you say?

After asking the questions, evangelists would challenge their listeners to respond and make a decision to accept or reject Christ as their savior, then present and explain the gospel in detail. Lately this approach has evolved to have greater emphasis on relationship-building and discipling new believers.”³⁴

Advantages: This method is claimed to be “one of the world's most widely used methods of church-based outreach. It has had a profound impact on Christian missions around the world as it provides a practical evangelism method with quick results (Figure 2).



³³ Peel, William Carr, and Walter L. Larimore. 2003. *Going Public with Your Faith: Becoming a Spiritual Influence at Work*. 1st ed. Grand Rapids, Mich: Zondervan, 153.

³⁴ “Outreach: Evangelism Explosion Retools Its Approach.” n.d. ChristianityToday.Com. Accessed December 14, 2021. <https://www.christianitytoday.com/ct/1997/march3/7t3058.html>.

FIGURE 2. CONFRONTATIONAL EVANGELISM: EVANGELISM EXPLOSION

Disadvantage: It takes time and resources to train Christians to take part in evangelizing their community. The training may appear to be scripted with unnatural dialogue, which could create unpleasant response from the listener. Ubolwan Mejudhon, in her book, wrote about a response from a high school girl to the Evangelism Explosion III approach; she writes, “I would be upset. It is ridiculous and strange. I do not know who will die first, the interrogator or me. I would simply walk away. I do not want anyone to talk about death. It is a depressive issue.”³⁵ Her response is quite common among Thai people. They view death as an intimidating topic and do not want to talk about it.

2.3 MEDICAL DOCTOR AND SPIRITUALITY

Spirituality and religiosity of the patients have long been neglected in practice of medicine.

Michael and Tracy Balboni called out the medical community on this particular area, identifying the negligence of modern medicine in taking into account the importance of spirituality and religion on the context of serious illness.³⁶ Remen wrote in her book that “Helping, fixing, and, serving represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul.”³⁷ In order to win more trust from the public, health care leaders

³⁵ Ubolwan Mejudhon. 2004. “The Thai Way of Meekness”. *Peoples of the Buddhist World: A Christian Prayer Diary*. William Carey Library, 282.

³⁶ “Do Spirituality and Medicine Go Together?” n.d. Accessed April 11, 2022. <https://bioethics.hms.harvard.edu/journal/spirituality-medicine>.

³⁷ Remen, Rachel Naomi. *Kitchen Table Wisdom: Stories That Heal*. Sydney: Pan Macmillan Australia, 2010.

have advocated medical professionals to further improve health care services by taking a holistic approach by including spirituality when providing care to the patients. Christina M. Puchalski reviewed the role of spirituality in health care. She emphasizes the importance of reclaiming spiritual roots of medicine and integrating them in providing compassionate care to the patients by:

- Practicing compassionate presence—i.e., being fully present and attentive to their patients and being supportive to them in all of their suffering: physical, emotional, and spiritual
- Listening to patients' fears, hopes, pain, and dreams
- Obtaining a spiritual history
- Being attentive to all dimensions of patients and their families: body, mind, and spirit
- Incorporating spiritual practices as appropriate
- Involving chaplains as members of the interdisciplinary health care team³⁸

Todd Maugans and William Wadland conducted a survey among physicians and patients on their religious orientations in Burlington, Vermont. They found the disparity between these two groups. Patients were significantly more religious than physicians in many aspects of their beliefs such as the existence of God, an afterlife, prayer and feel closer to God.³⁹

It seems that physicians fail to incorporate spirituality in their medical practices. They are more focused on curing diseases with medical science. This fact has led to the ignorance in the spiritual aspect of the patient and of themselves.

2.4 MEDICAL DOCTOR AND THAI SOCIETY

Primary health care in Suwannabhummi region developed long before the establishment of Sukhothai Kingdom (the first capital of Siam). King Chaivorman VII of

³⁸ Puchalski, Christina M. "The Role of Spirituality in Health Care." *Baylor University Medical Center Proceedings* 14, no. 4 (2001): 352–357.

³⁹ Maugans, Todd A., and William C. Wadland. "Religion and Family Medicine: a Survey of Physicians and Patients." *The Journal of Family Practice* 32, no. 2 (1991): 210–213.

Khmer, during his reign between 1181-1218 AD, built over 120 Arogayasala, or healing halls, in the northeastern region of present-day Thailand and its vicinity. Later, when the Sukhothai Kingdom was established by King Ramkhamhaeng, the Buddhist monks were the group of people appointed to lead the healthcare system.⁴⁰ Ever since then the basic concept in Thai traditional medicine has long been associated with Buddhism. The two best known schools of Thai traditional medicine are Wat Pho and Wat Mahathat.⁴¹

During the reign of King Ramathibodi II of Ayutthaya, Siam traded with many European countries. Missionary doctors started coming to the kingdom. S.

Charuluxananan et al. states:

Later in 1669, Bishop Lambert and Bishop Ballue constructed a small hospital, staffed with Father Lano as the head doctor. In less than a decade, the hospital grew into two buildings, one as a ward for male patients and the other for female. The number of the patients once rose to 90. In the hospital, there was a facility for the distribution of medicine where 200-300 people waited each day for their medicine. Apart from Fr. Lano, a medical doctor, Mr. Rene Charbonneau, and Catholic brother worked there as a nurse. Another hospital was later established in Phitsanulok⁴²

Christian missionaries played a major role in the development and utility of Western medicine in Siam, notably the works of a group of German Lutheran missionaries led by Reverend Dr. Carl Augustus, who came to Siam in 1828, American missionaries Dr. Dan Beach Bradley, MD (1804-1874) in 1835, and Dr. Samuel Reynolds House, MD in 1857. The groups did not only practice evangelism in Siam, but also help introduce modern practice of medicine for example, smallpox vaccination, care for various contagious diseases, anesthesia, operation, blood transfusion and setting up modern hospitals and medical schools.⁴³ In the late 19th century, Siam was ruled under absolute monarchy. As part of the King-initiated modernization of the country, public

⁴⁰ Charuluxananan, Somrat, and Vilai Chentanez. 2007. "History and Evolution of Western Medicine in Thailand." *Asian Biomedicine* 1, no. June (June).

⁴¹ Mulholland, Jean. n.d. "Thai Traditional Medicine: Ancient Thought and Practice in Thai Context," 36; 'Wat' is a Thai word meaning 'Buddhist temple'.

⁴² Ibid, 98

⁴³ Ibid, 100

health was initiated by several government agencies.⁴⁴ Most of the health care professionals were from the elite class. For example, Prince Mahidol of Songkla, who was named as “The Father of Modern Medicine and Public Health of Thailand,” went to Cambridge, Massachusetts and earned a certificate of Public Health and Doctor of Medicine degrees from Harvard University in 1921 and 1928 respectively. After his return to Siam in 1928, he started various initiatives to modernize the country’s medical education and health care system.⁴⁵

In general society has great trust in the medical profession. Harry Cayton, National Director for Patients and the Public, in his report wrote, “Opinion polls suggest that doctors are among the most trusted people in society. My own observation is that leaders of medical colleges and organizations are resolutely and seriously self-critical in a way that no other group of employers, experts, workers, or advisors has shown itself to be.”⁴⁶

Alan Lockwood emphasizes that being a physician should include having social responsibility; protecting society can be traced back to the Hippocratic Oath, “keep patients from harm and injustice.” He encouraged the medical community to put more effort in this area. Lockwood wrote, “We must have a particular sensitivity to the needs of those least able to speak for themselves, such as children and the economically and socially disadvantaged.”⁴⁷ Jang Han Kim connected medical professionalism and social responsibility as “Traditionally medical professionalism is defined as a set of values,

⁴⁴ Napaporn Ratchatapsttanakul. 2013. “Public Health in Modern Siam: Elite Thinking, External Pressure, and Popular Attitudes.” *The Journal of the Siam Society* 101, no.1 (November): 177–92.

⁴⁵ “The Father of Modern Medicine and Public Health of Thailand.” n.d. Prince Mahidol Award Foundation. Accessed December 1, 2021. <https://www.princemahidolaward.org/the-father-of-modern-medicine-and-public-health-of-thailand/>.

⁴⁶ Royal College of Physicians. *Doctors in society: medical professionalism in a changing world*. Report of a Working Party of the Royal College of Physicians of London. London: RCP, 2005.

⁴⁷ Lockwood, Alan H. “The Physician's Role in Society: Enhancing the Health of Individuals and the Public.” *AMA Journal of Ethics* 6, no. 4 (2004): 189–190.

behaviors, and relationships which support the trust the public has in doctors. The public is well aware that absence of professionalism is harmful to their interests”⁴⁸

From the historical perspective of public health in Thailand, the medical profession has long been viewed as one of the most highly valued, honored, and respected professions. This social value is still evident in present time. In 2021, Adecco conducted a survey among 2,024 children ages 7-14 years old asking them about their dream careers. Medical doctor was the top ranking.⁴⁹

2.5 THE GAP IN THE LITERATURE

In this chapter the researcher discusses evangelism to professionals in the context of Thailand. After two hundred years of evangelism in Thailand, only 0.77% of Thais are Christian. Urban professionals and upper-middle class have increasing influences and impacts on Thai society. Medical doctors fit in well with the urban professionals and upper-middle class. They are considered a significant pool of unreached people; hence we need an effective evangelism model to reach them. Attitudes of Thai society towards medical doctors have also been reviewed by the researcher. Despite the high potential of this group in influencing the spiritual state of others, it is surprising that not much empirical research has been conducted on the topic, especially from the perspective of Thai medical doctors. Literatures search yielded very few studies that focused on the effective evangelism model to reach this professional group. This study has been conducted to fill the gap in the literature.

⁴⁸ Kim, Jang Han. 2015. “[Medical professionalism-on social responsibilities viewed from historical perspective].” *The Korean Journal of Gastroenterology = Taehan Sohwagi Hakhoe Chi* 65, no. 3 (March): 165–72. <https://doi.org/10.4166/kjg.2015.65.3.165>.

⁴⁹ Thailand, Adecco Group. n.d. “Adecco เปิดผลสำรวจวันเด็กปี 64 ‘หมอ’ ยังคงเป็นอาชีพในฝัน - ‘BLACKPINK’ ใอดดอลขวัญใจเด็กไทย.” Accessed December 1, 2021. <https://adecco.co.th/th/knowledge-center/detail/children-dream-career-survey-2021>.

CHAPTER 3

BIBLICAL/THEOLOGICAL FOUNDATIONS

This chapter reviews the biblical/theological foundation of evangelism. The following section will explore the Bible and describe a brief foundation to set the context for this thesis.

3.1 OLD TESTAMENT

God's will is always to make Himself known to people of all nations. He chooses people of Israel through Abraham and sets them apart as a priestly kingdom to represent Him to other nations. God commands Moses on Mount Sinai to tell the Israelites, "you will be for me a kingdom of priests and a holy nation. These are the words you are to speak to the Israelites." (Exod. 19:6). The concept of evangelism can be found throughout the scripture, though we do not see the formal term "evangelism" in the Old Testament, nor the "Great Commission" in the New Testament. There are numerous places in the Old Testament where God calls on the Israelites to declare His name among the nations. For example:

- "Israel was chosen and the whole nations will be blessed through them" (Gen. 12:1-3, Exod. 19:6).
- "God to be known among all nations" (Ps. 67:1).
- "Israel was called to witness to their neighbors" (Jer.31:34).
- "David's call was to witness to the nations" (Ps.18:49, Ps. 22:27, Ps. 67).

- “The Prophets called for evangelistic works” (Isa.2:2-4, 19:25, 40:5, 45:22, 49:6, Zech. 8:23).

Bard Phribbenow groups the concept of evangelism in the Old Testament into four groups as follow:⁵⁰

3.1.1 Evangelism through Family

It is the Israelite tradition to pass on their faith in Yahweh to the next generation. They use storytelling as a means to teach their descendants. The Exodus is an example of a pivotal story that passes on from generations to generations (Deut. 6-7 NIV). The book of Proverbs serves as an instruction for young children transition to adulthood.

3.1.2 Evangelism through Spiritual Warfare

During various episodes of war between Israel and the neighboring nations talked about in the Old Testament, in addition to the physical battles, the Israelites also experienced spiritual warfare. 2Kings 5 records the story of Naaman Healed of Leprosy and 2 Kings 6 records the story of Horses and Chariots of Fire.

3.1.3 Evangelism Through Worship

Acts of praise and worship is one of the core themes in the Old Testament. It is conducted according to the command of God. It serves as an announcement and demonstration of God's presence; His character and glory are exemplified, and his Word is read so that, through that hearing, faith might be created in all who participated. When King Solomon prays during the dedication of the Temple in 1 King 8, he also prays for gentiles who came to know God of Israel, “As for the foreigner who does not belong to

⁵⁰Brad Pribbenow. (n.d.). *Evangelism in the OT*. Church of the Lutheran Brethren. Retrieved March 27, 2022, from <https://www.clba.org/evangelism-in-the-ot/>

your people Israel but has come from a distant land because of your name-” (1 King 8:41 NIV). Even though the people of Israel are the main guests in worship, there is also an “open-door policy” to anyone seeking the Lord for his mercy. (1 Kings 8:41-43).

3.1.4 Evangelism through Vocation

Ordinary vocation can be an effective evangelism tool. Many characters in the Old Testament witness God through their vocation. Joseph is sold into slavery by his brothers (Gen. 37:25-28). He begins his career as Potiphar’s attendant (Gen. 39:4-5), then as a helper of the prison warden (Gen. 39:22-23), and finally as the second in command of Egypt (Gen. 41:41-43). Nehemiah ends up in Babylon after the exile and becomes King Artaxerxes’ cupbearer (Neh.2:1). Analogous to Nehemiah, Daniel is brought to Babylon under the reign of Nebuchadnezzar. He is later appointed to rule over the province of Babylon (Dan. 2:48). Daniel has a track record for serving foreign kings. He puts his faith in God whole-heartedly and God blesses and protects him. This fact leads to the king (and the whole Kingdom) hearing of God’s unique power and glory (Dan. 6:25-27).

It is challenging for men to accept the absolute truth and wisdom of God over their own. In Ecclesiastes chapter 2, king Solomon possess unsurpassed wisdom. He undertakes great projects and succeeds in thing most men would love to achieve; namely authority, wealth, honor, prestige, reputation, and surrounded by concubines. Nevertheless, he realizes later in his life that all he has achieved was vanity. Proverbs 21:30 says, “There is no wisdom, no insight, no plan that can succeed against the LORD.” People in post-modernism generation are prone to believe that there is no absolute truth, as what fact is today can be false tomorrow.⁵¹ They believe the claim of

⁵¹ Duignan, B.. "postmodernism." Encyclopedia Britannica, September 4, 2020. <https://www.britannica.com/topic/postmodernism-philosophy>.

absolute truth is misused by special interest groups to gain power over others. This idea also applies to medical doctors, which makes believing and obeying the Bible authority difficult to them.

3.2 NEW TESTAMENT

The majority of the New Testament consists of the gospel of Jesus Christ and the Great Commission. The apostles and a group of Christ followers in the first century responds to these messages obediently and faithfully as recorded in various Epistles.

3.2.1 *Evangelism as a response to the Great Commission*

The four Gospels end in a similar command before Jesus is taken up to heaven. The Book of Matthew ends with Jesus' victory over death by His triumphant resurrection. The women are the first group of people who meet the resurrected Jesus. He asks them to tell His disciples to meet Him at Galilee (Matt. 28:9). After the eleven disciples meet Him, He gives them the Great Commission.

“All authority in heaven and on earth has been given to me. Therefore go and make the disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age” (Matt. 28:19-20 NIV).

This command is not given only to the eleven disciples who have been physically present to hear it, but also applies to all subsequent generations of Christ followers by commissioning them to use His authority to share the gospel and make disciples. Jesus reveals the ultimate reason that this task is so important, “Whoever believes and is baptized will be saved, but whoever does not believe will be condemned” (Mark 16:16 NIV). Thus, the Great Commission is not only a command but also an expression of

God's love towards His creation by enlisting Christians in His plan of salvation. Because life or death are at stake, Christians are compelled to go out and serve alongside the Holy Spirit to fish people (Mark 4:19 NIV).

During Jesus' mission on earth, the disciples ask Him what the sign of the second coming of Christ would be and of the end of the age. He responds to their question with several prophecies: Messianic claims by deceivers, wars, natural disasters, persecutions, and false prophets will occur. "Amidst this chaos and turbulence, the gospel will be preached by the grace of God to all nations and kingdoms, and then the end will come" (Matt. 24:7-14 NIV). His prophecies clearly show that the evangelical activities will spread throughout the world before His second coming. Evidently this task falls on the shoulder of all Christ followers. Paul, as one of the apostles, not only obeys this commandment but clearly understands its importance. He writes to the Corinthians, "For when I preach the gospel, I cannot boast, since I am compelled to preach. Woe to me if I do not preach the gospel!" (1 Cor. 9:16 NIV). The former Pharisee who has been struck blind, and by God's grace, restores both his physical and spiritual sight three days later, dedicates the remainder of his life to the evangelism of the gentiles. Later, he appoints his disciple, Timothy, to continue his legacy by preaching the Word (2 Tim. 4:2 NIV). He sets an example for us to pass on the gospel torch to the future generations to come.

The word "evangelism" is derived from Greek word "εὐαγγελίζομαι" (euanglizomai) which means, "to proclaim good news".⁵² In the Christian context, use of this word involves spreading the gospel. John Stott defines evangelism by what evangelism is not. He points out that evangelism must not be defined in terms of results

⁵² Kittel, Gerhard, Gerhard Friedrich, and Geoffrey W. Bromiley. 1985. *Theological Dictionary of the New Testament: Abridged in One Volume*. Wm. B. Eerdmans Publishing.

and methods but in a single word, “God’s good news is Jesus.”⁵³ He also defines the context of evangelism that proclaiming Jesus is not an isolated activity. It includes “presence” (identifying with people) and “persuasion” (proclamation). These two activities work in tandem.⁵⁴ Lausanne Covenant defines the nature of evangelism as: “to evangelize is to spread the good news that Jesus Christ died for our sins and was raised from the dead according to the Scriptures, and that, as the reigning Lord, he now offers the forgiveness of sins and the liberating gifts of the Spirit to all who repent and believe.” Though it is our Christian duty to take part in evangelism, it is also necessary for us to listen sensitively in order to understand. Evangelism itself is the proclamation of the historical, biblical Christ the Saviour and Lord, as well as the persuasion of people to come to him personally and reconcile with God. In issuing the gospel invitation we have no liberty to conceal the cost of discipleship. Jesus still calls all who are willing to follow him to deny themselves, take up their crosses, and identify themselves with his new community. The results of evangelism include obedience to Christ and incorporation into his Church and responsible service in the world.⁵⁵

3.2.2 Evangelism has at its core Good News: The Gospel

The gospel has its etymology in the Old English word ‘godspel,’ meaning good message.⁵⁶ Ever since the first century AD until now, Jesus’ gospel has proven to be unchanging, with a message that is true and faithful to the Bible. However, as culture changes with the times, the communication of the gospel changes in order to make its

⁵³ Stott, John R. W., and Christopher J. H. Wright. 2015. *Christian Mission in the Modern World*. Updated and Expanded edition. Downers Grove: InterVarsity Press.

⁵⁴ Ibid., 58

⁵⁵ “The Lausanne Covenant.” 1974. Lausanne Movement. August 1, 1974. <https://lausanne.org/content/covenant/lausanne-covenant>.

⁵⁶ “Godspel - WordSense Dictionary.” n.d. Accessed November 14, 2021. <https://www.wordsense.eu/godspel/>.

message contemporary and timely for the culture of each day and age (Stott, 2015). Chris Wright further elucidates the narrative nature of the gospel as:

- a. The gospel tells the story of Jesus in the light of the whole Bible.
- b. The gospel creates a new reconciled humanity in the one family of God.
- c. The gospel proclaims the saving message of the cross.
- d. The gospel produces ethical transformation.
- e. The gospel declares truth and exposes evil before God's judgment.
- f. The gospel has cosmic power through the mighty working of the Holy Spirit.

The Cape Town Confession of Faith describes relationship between the gospel of God and Christians:

As disciples of Jesus, we are gospel people. The core of our identity is our passion for the biblical good news of the saving work of God through Jesus Christ. We are united by our experience of the grace of God in the gospel and by our motivation to make that gospel of grace known to the ends of the earth by every possible means.⁵⁷

Therefore, the good news of God is in Jesus. He is the center of the Gospel we proclaim. God always wants to reconcile the world to Himself and to glorify His name through Jesus Christ. This is the most valuable message for all mankind and Christians need to bring it out to the world.

3.2.3 Human Wisdom and the Gospel

The rich young man in Matthew 19 wants to enter the Kingdom of God by his own agenda. He approaches Jesus and checks with Him whether Jesus' answer is in accord with what he thought. When Jesus tells him, "If you want to be perfect, go, sell your possessions and give to the poor, and you will have treasure in heaven. Then come, follow me" (Matt 19:21). The young rich man sadly leaves Jesus as he could not leave his great wealth. Thai medical doctors are quite similar to the rich young man. Most of them are decent people, bright, rich and perceive themselves as righteous persons. They want

⁵⁷ "The Cape Town Commitment." 2011. Lausanne Movement. January 25, 2011. <https://lausanne.org/content/etc/ctcommitment>.

to go to heaven in spite of not knowing that the only way to get into Kingdom of God is by grace through faith in Jesus Christ. They use their own human wisdom and discretion in choosing ways which they believe are reasonable and logical to them.

Apostle Paul wrote to the Corinthians teaching them about the Gospel:

For the message of the cross is foolishness to those who are perishing, but to us who are being saved it is the power of God. For it is written:

“I will destroy the wisdom of the wise; the intelligence of the intelligent I will frustrate.”

Where is the wise person? Where is the teacher of the law? Where is the philosopher of this age? Has not God made foolish the wisdom of the world? For since in the wisdom of God the world through its wisdom did not know him, God was pleased through the foolishness of what was preached to save those who believe. Jews demand signs and Greeks look for wisdom, but we preach Christ crucified: a stumbling block to Jews and foolishness to Gentiles, but to those whom God has called, both Jews and Greeks, Christ the power of God and the wisdom of God. For the foolishness of God is wiser than human wisdom, and the weakness of God is stronger than human strength.⁵⁸

New Testament clearly tells us about the challenges in evangelism toward the group of people who are wise and wealthy by worldly standard. Thai medical doctor is considered one of them. It should not come as a surprise when evangelists face these challenges.

3.3 SUMMARY

From the first page of the Bible to the last, the Word reveals the love of God to His people. Sin enters the earth, resulting in the fall of mankind and parting them from God the Creator. Regardless, God’s love to His people is unchanging; He sent His one and only son, Jesus Christ, to die on the cross to redeem and reconcile sinners back to Him again. In summary, the Bible is all about a story of God’s love in Jesus Christ. This fact alone is the main compelling reason that propels the believers to share this story to others. Evangelism is evident to the people of faith in both the Old Testament and the New Testament.

⁵⁸ 1Cor. 1:18-25 (NIV)

CHAPTER 4

RESEARCH DESIGN AND PROCEDURES

The purpose of this study is to explore and describe an effective evangelism model for reaching medical doctors in Thailand. This chapter provides an overview of the research methodologies used: data collection methods, data cleansing procedures, data analysis, and validation strategies. The study population consists of Thai Christian medical doctor residents in Thailand. An explanatory sequential mixed-method research methodology is employed to explore the process of evangelism and understand the supporting descriptive data. Quantitative analysis is performed on the dataset derived from the responses to the questionnaire that is sent out to the participants of this study. This analysis is an attempt to quantify how the respondents were made aware of the gospel, came to an agreement with it, and eventually converted to Christianity. This chapter consists of five sections: Research design; Research methodology; Population and sample; The questionnaire; Data collection, analysis and interpretation.

4.1. RESEARCH DESIGN

As stated previously in chapter 1 in the purpose statement section, the researcher selected the mixed methods research as the approach for this study. It incorporates elements of both qualitative and quantitative approaches. Creswell views this approach as:

Mixed methods research is an approach to inquiry involving collecting both quantitative and qualitative data, integrating the two forms of data, and using distinct designs that may involve philosophical assumptions and theoretical frameworks. The core assumption of this form of inquiry is that the combination of qualitative and quantitative approaches

provides a more complete understanding of a research problem than either approach alone.⁵⁹

Explanatory sequential design principles are used to design this study. It integrates the qualitative research data from open-ended without predetermined responses with quantitative data derived from closed-ended responses found on questionnaires.⁶⁰ The steps of the study are illustrated in Figure 3. In the first phase, the researcher conducts the quantitative research and analyzes the results, followed by phase two, the qualitative research to explain the results further in more detail.

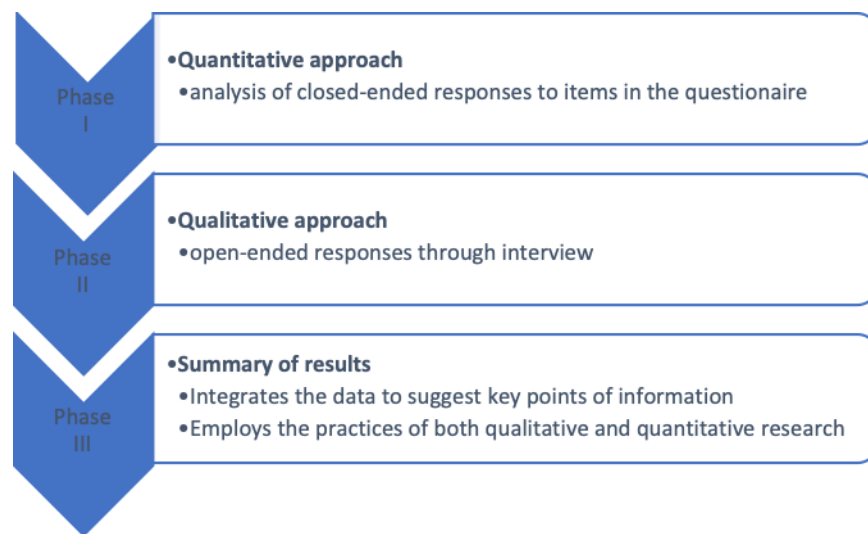


FIGURE 2. EXPLANATORY SEQUENTIAL DESIGN OF MIXED METHOD APPROACH

In the first phase, the researcher sent out questionnaires to approximately 300 Thai medical doctors across Thailand. 62 completed questionnaires were returned. The close-ended questions of this questionnaire are designed to study 5 main groups of independent variables, namely, the demography of the respondents, method of

⁵⁹ Creswell, John W. 2014. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 4th ed. Thousand Oaks: SAGE Publications.

⁶⁰ Ibid, 43

evangelism, relationship with Christians, willingness to seek new experience and learning, and personal encounter with God.

In the qualitative study in Phase two, the researcher interviewed a group of 8 Christians. This group consists of both Christians who are medical doctors (5 Christian medical doctors who participated in the Phase I survey), and non-medical doctors (2 missionaries who have extensive experience in evangelism work in Thailand and 1 Thai pastor). These individuals were interviewed with a set of open-ended questions designed to gain further insights to the outcome of Phase I.

4.2 CONCEPTUAL AND THEORETICAL FRAMEWORK OF THE STUDY

As mentioned in Chapter 2, the research in this area is scarce. We need to better understand the evangelism process and formulate an effective evangelism model to reach more Thai medical doctors for Christ. The theoretical framework used in this study is illustrated in Figure 4. The dependent variable is comprised of the Thai medical doctors who accept and follow Christ. The square boxes represent the independent variables, or factors, that contribute to the dependent variable.

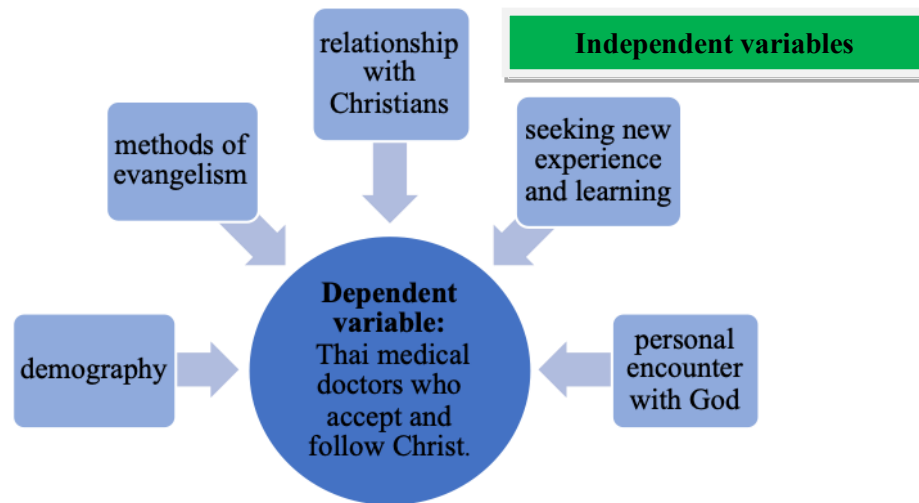


FIGURE 4. THE CONCEPTUAL AND THEORETICAL FRAMEWORK

Literature reviews and informal discussions with the experts in the field help form the basic concepts and theories of this study. The researcher reviewed the biblical concepts of gospel and evangelism. Combining them with the review of various studies and surveys, the researcher was able to form a conceptual and theoretical framework that serves as the basis for the rest of this study in hopes that the outcome of the quantitative and qualitative analysis will be able to identify the relevant and impactful variables that can help formulate an effective model for evangelism to Thai medical doctors.

4.3 PARTICIPANTS

Research participants are 62 Thai Christian medical doctors living in Thailand from a potential pool of 491 Thai Christian medical doctors. Sample size of 60 is calculated according to the formula published by Krejcie and Morgan in 1970⁶¹ and is based on 90% CI (confidence interval) and 10% error.

⁶¹ Krejcie & Morgan, 1970. "Determining Sample Size for Research Activities" (*Educational and Psychological Measurement*, #30, pp. 607-610)

4.4 RESEARCH QUESTIONS

Three research questions are derived from the problem statement and purpose of this study.

1. What is the most important factor for bringing Thai medical doctors to Christ?

The question focuses on the key objective of this research and the answer will help to elucidate the complex sequence involved in the conversion process.

2. What factors influence Thai medical doctors to become interested in God?

Data derived from this question will provide a better understanding of what communications, activities, and engagements can draw Thai medical doctors' attention to God. Combined with answers from research question 1, the data collected from this question will enable churches and Christian organizations to design evangelistic programs that are relevant and effective in reaching out to the Thai medical doctors with more confidence and by God's help, a higher conversion rate.

3. What barriers for evangelism exist in this group of people?

This query will provide better understanding about the roadblocks that prevent evangelism from reaching the Thai medical doctors. Solutions to these barriers would ease efforts to reach out to Thai medical doctors who are unbelievers.

4.5 DATA COLLECTION

4.5.1 Quantitative Survey

Data was collected by means of a questionnaire containing 63 items. Most questions are formatted using the Likert-like scale, which is a 5-point scale ranked from "Least likely," encoded as 1, to "Most likely," encoded as 5. Other questions ask for factual information such as age, gender, and level of education. A link to the online version of the questionnaire was sent out to the pool of potential respondents via email

and social media platforms such as WhatsApp, Line. The data was collected by Google Form, a cloud-based survey tool. All information used in this analysis came from the dataset maintained by the online questionnaire tool. This questionnaire had been developed, tested, and used in another research conducted among upper-middle-class population in an urban setting in Thailand (Lelahakringkrai, 2021). Some questions were modified and tested with Thai Christian medical doctors to ensure the validity and consistency before its use in this study.

4.5.2 *Qualitative Survey*

This mixed-method study employs qualitative analysis of data gathered during the in-depth interviews with a group of eight participants. This group consists of five Thai Christian doctors who participated in the Phase I Quantitative Survey, two missionaries (one Canadian and one Thai), and one pastor. All of the participants were selected from the researcher's own network, with the exception of one missionary who was recommended by the Thai missionary. The aim of these interviews is to gain insight, understanding, and clarification of the findings of Phase I through open-ended questions. The respondents also offered their opinions and suggestions during the interviews. The information collected was contrasted and compared with the findings from Phase I to clarify and reinforce its relevancy. Extra focus was given to the suggestions that were repeatedly mentioned during the interviews.

4.6 *DATA ANALYSIS*

Data from the quantitative survey were tabulated and analyzed by IBM Statistical Program for Social Sciences (SPSS Version 27). Various measures such as frequencies, central tendency (median, mode, and mean), dispersion (range and standard deviation),

and over appropriate statistic tests, as described in Table 3, were employed to analyze the data retrieved from the questionnaires.

TABLE 3: CRITERIA FOR CHOOSING SELECT STATISTICAL TESTS⁶²

Nature of Question	Number of Independent Variables	Number of Dependent Variables	Number of Control Variables (covariates)	Type of Score Independent/ Dependent Variables	Distribution of Scores	Statistical Test	What the Test Yields
Group comparison	1	1	0	Categorical/ continuous	Normal	t-test	A comparison of two groups in terms of outcomes
Group comparison	1 or more	1	0	Categorical/ continuous	Normal	Analysis of variance	A comparison of more than two groups in terms of outcomes
Group comparison	1 or more	1	1	Categorical/ continuous	Normal	Analysis of covariance (ANCOVA)	A comparison of more than two groups in terms of outcomes, controlling for covariates
Association between groups	1	1	0	Categorical/ categorical	Non-normal	Chi-square	An association between two variables measured by categories
Relate variables	1	1	0	Continuous/ continuous	Normal	Pearson product moment correlation	Tells you the magnitude and direction of association between two variables measured on an interval (or ratio) scale
Relate variables	2 or more	1	0	Continuous/ continuous	Normal	Multiple regression	Learn about the relationship between several predictor or independent variables and an outcome variable. It provides the relative prediction of one variable among many in terms of the outcome

Pearson product moment correlation effect size was interpreted according to Cohen's (1988) conventions. A correlation coefficient of .10 represents a weak or small correlation, a correlation coefficient of .30 represents a moderate correlation, and a correlation coefficient of .50 or larger represents a strong or large correlation. (Table 4)

⁶² Source: Creswell, John W. 2014. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 4th ed. Thousand Oaks: SAGE Publications. Table 8.3, P.210.

**TABLE 4: PEARSON PRODUCT MOMENT
CORRELATION EFFECT SIZE ⁶³**

Effect Size (Cohen)	
0.10	Weak or small correlation
0.30	moderate correlation
0.50 or larger	Strong or large correlation

4.7 CONCLUSION

This chapter describes the methodology used to analyze the quantitative survey of this study. Various statistical tools were chosen. SPSS was used to analyze the data to identify the statistically significant results. The correlation and its effect size were reviewed and confirmed with the qualitative survey to build an effective evangelism model for reaching out to the Thai medical doctors in Thailand. The findings and results are detailed in Chapter 5.

⁶³ Source: Cohen, Jacob. 1988. *Statistical Power Analysis for the Behavioral Sciences*. 2nd ed. Hillsdale, N.J: L. Erlbaum Associates.

CHAPTER 5

RESEARCH FINDINGS

5.1. INTRODUCTION

This study explores and describes an effective evangelism model in reaching the medical doctors in Thailand. Gaining insights into important factors and barriers to evangelizing Thai medical doctors will lead to designing an effective evangelism model for this profession. This chapter discusses the findings of a quantitative study, using statistical analysis techniques and qualitative research based on interviews of five selective respondents who had also completed the research questionnaire in the quantitative part of this study, two missionaries, and one pastor.

In the quantitative study, the researcher distributed the questionnaire via email and social media platforms; 62 respondents completed the questionnaires. Raw data was tabulated in MS Excel spreadsheets. Analysis was done by using IBM SPSS Statistics Version 27 software. Demographic and other findings, both descriptive statistics (frequency, means, standard deviation, etc.) and inferential statistics (multiple regressions, ANOVA (analysis of variances), and correlation analysis etc.) will be presented as:

- (1) The demographic of the research samples.
- (2) Results of how the Thai Doctors know and experience God through evangelism.
- (3) Factors that enable the Thai Doctors to commit to Christian faith.

(4) Effective evangelism methods.

5.2 QUANTITATIVE FINDINGS

5.2.1 Sample Size

The total number of respondents who completed the research questionnaire is 62. As discussed earlier in chapter 3, this number represents 12.6% of the total study population (491 Thai medical doctor). Sample size was calculated based on 90% CI (confidence interval) and 10% error.

5.2.2 Demographic of the Respondents

Most of the respondents are male. Around 60 percent of the respondents are male, and 40 percent are female (Figure 5). All respondents are mature adults, being at least 22 years old in age, and the majority are actively practicing medicine. Two third of respondents are in the 35-44, 45-54-, and 35-64-years old age range (21%, 22.6% and 22.6% respectively). The remaining are either 22-34 or 35-44 years (17.7% and 16.1% respectively) (Figure 6). In terms of higher education, all of participants are highly educated. More than half (56.5%) of the medical doctors are trained as specialists; around 20 percent are general practitioners and one fourth have obtained either a master or a doctorate degree (Figure 7).

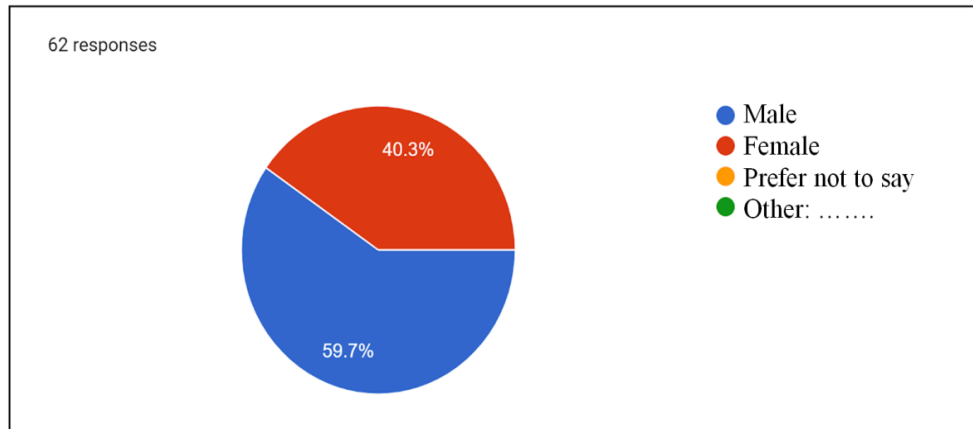


FIGURE 5. GENDER

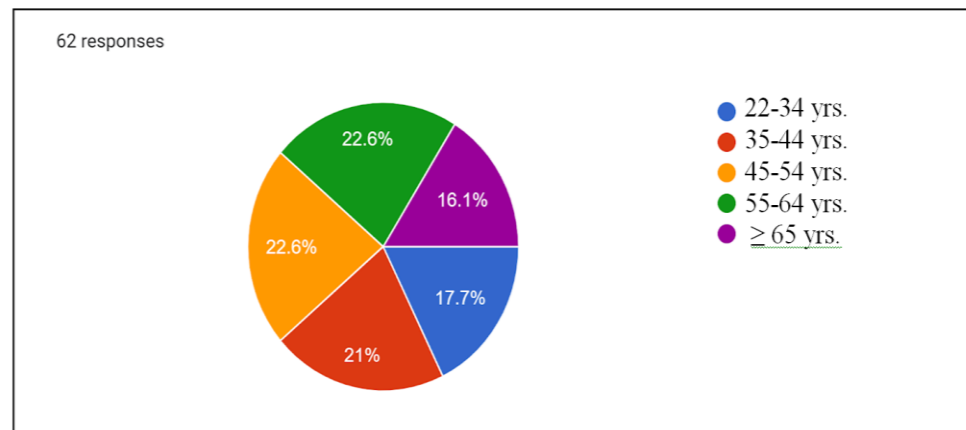


FIGURE 6. AGE

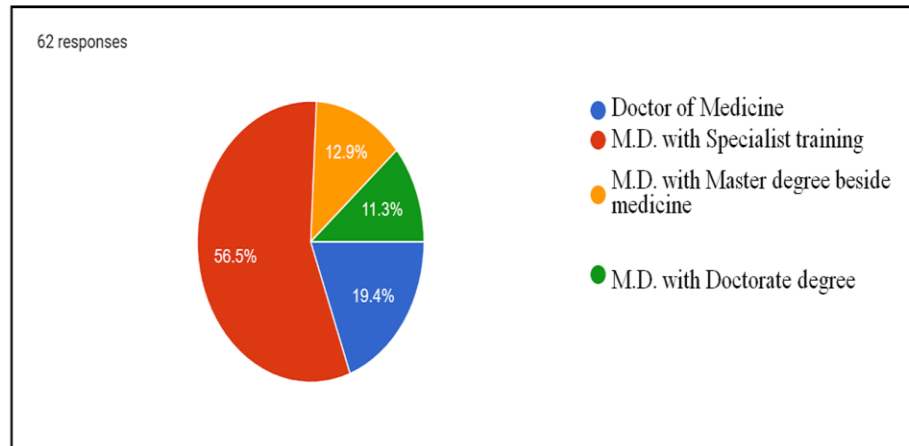


FIGURE 7. HIGHEST EDUCATION

With regard to the respondents' religious backgrounds, 43.5% were born or brought up in a Christian household, while 56.5% were not.

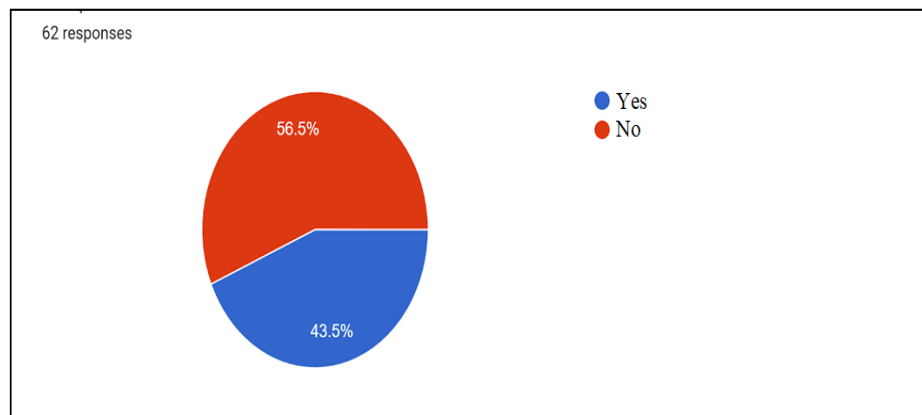


FIGURE 8. RELIGIOUS BACKGROUND (BORN IN A CHRISTIAN FAMILY)

The majority of Thai Christian medical doctors (80.6%) declared that they have been Christian for more than 20 years. The rest splits equally (6.5% each) between 5-10, 10-15 and 15-20 years. None of the respondent converted to Christianity within the last

five years (Figure

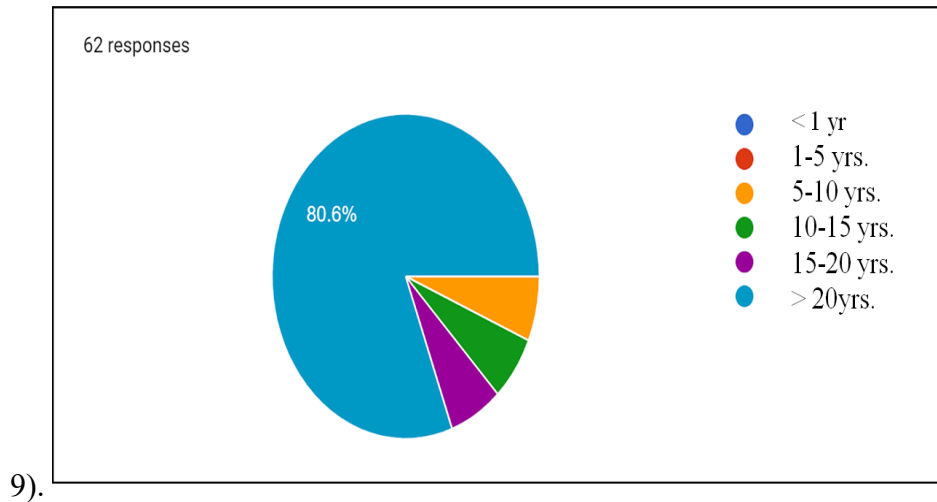


FIGURE 9. YEARS SINCE CONVERTED TO CHRISTIANITY

In alignment with the number of years since converted to Christianity, 84% accepted Jesus Christ and became Christian while they were in school/college (19.4% during primary school, 38.7% during middle/ high school, 24.2% during undergraduate years and 1.6% during graduate years The rest, 16.1%, accepted Jesus Christ after they graduated and started working. Notably, none of the respondent accepted Jesus Christ during their retirement years (Figure 10).

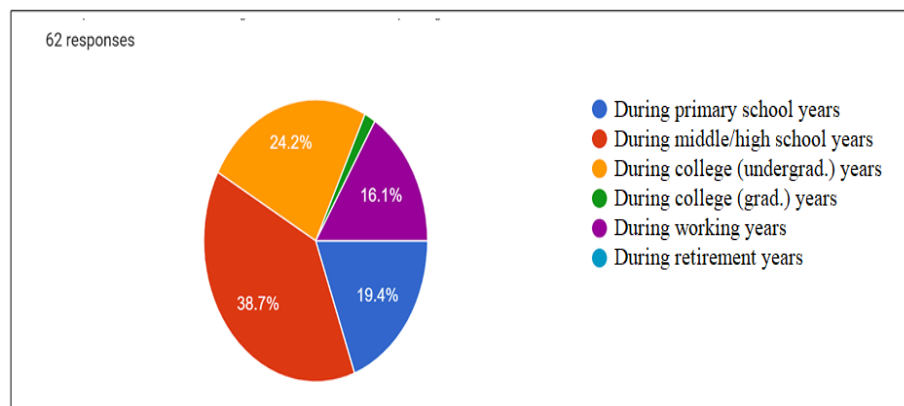


FIGURE 10. WHEN DID YOU ACCEPT JESUS CHRIST?

When asked about the Christian organization that the respondents' churches are under; 40.3% reported that their churches are under Church of Christ in Thailand (CCT), 40.3% are under Evangelical Fellowship of Thailand (EFT), 8.1% are under Thailand Baptist Convention, and 11.3% are independent churches (Figure 11).

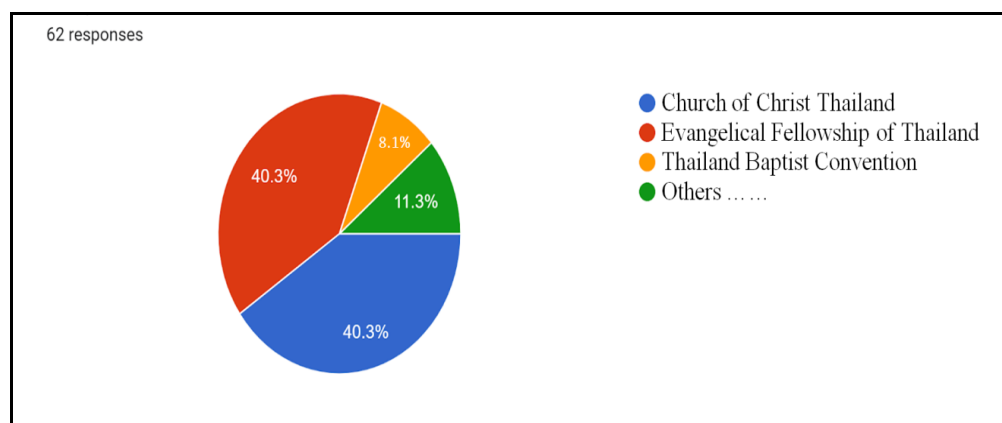


FIGURE 11. WHAT ORGANIZATION IS YOUR HOME CHURCH UNDER?

5.2.3 How Thai Medical Doctors Respond to First Time Evangelism

All respondents answered positively when asked how they felt the first time they heard the gospel. They agreed that they: felt positively when they heard the story about God for the first time (mean = 3.87), God was relating to them (mean = 3.73), churches and home groups encouraged them to learn more (mean = 3.94, 4.21), Christians and churches had no hidden agenda and were sincere (mean = 4.10, 4.27), gospel message was not intimidating or fearful (mean = 4.27, 3.89), and they were impressed by the gospel but showed no expression that they were open to connect further with Christians (mean = 3.74, 4.10). (Table 5)

There is no statistical difference between responses from male and female respondents (Table 6); however differences are found between age groups. The first difference found is the mean scores between the age group 35-44 years old and 65 years old and above regarding the statement, “person sharing the gospel had no hidden agenda,” $F(4, 57) = 3.369, p = .015$. The older group, 65 years old and above, were more highly agreeable with a very high mean score of 4.8, while the age group 35-44 years old had a mean score of 3.46. Another difference found is between the age group is between the age group 35-44 years old, and 45-54 years old relating to the statement, “the church had no hidden agenda,” $F(4, 57) = 3.761, p = .009$. The older group, 45-54 years old, was more highly agreeable with a mean score of 4.79 in comparison to the mean score of the younger age group, 35-44 years old, with a mean score of 3.69. (Table 7)

Additionally, there are differences between respondents who were born into Christian families and converted Christians. Those who were born into Christian families ($M=4.30$, $SD=.912$) felt more strongly that God is relating to them, with a significant higher mean score of $t(60) = 3.40, p = .043$, in comparison to those who converted to Christianity ($M= 3.29$, $SD=1.319$) at $t(60) = 2.180, p = .022$.

**TABLE 5: HOW THAI MEDICAL DOCTOR RESPOND TO
FIRST TIME EVANGELISM ⁶⁴**

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness	Std. Error	Kurtosis	Std. Error
2.1 You felt positive when you heard the story of God for the first time.*	62	1	5	3.87	1.166	-.830	.304	-.107	.599
2.2 The overall church atmosphere where you visited for the first time made you wanted to learn more about God.	62	1	5	3.94	.990	-.602	.304	-.181	.599
2.3 When you joined home group/care group/fellowship group, the overall atmosphere made you wanted to learn more about God.	62	2	5	4.21	.792	-.601	.304	-.508	.599
2.4 You thought that God related to you when you heard the story of God for the first time.	62	1	5	3.73	1.257	-.892	.304	-.089	.599
2.5 You thought this is something you had been searching for a long time when you heard the story of God for the first time.*	62	1	5	3.55	1.302	-.524	.304	-.761	.599
2.6 You thought Christian who shared the gospel with you for the first time had no hidden agenda.	62	1	5	4.10	1.127	-1.049	.304	.215	.599
2.7 You thought the church you visited for the first time had no hidden agenda.	62	2	5	4.27	.944	-1.067	.304	.043	.599
2.8 You enjoyed learning about God and were open up to Christian to relate with you.	62	1	5	4.10	1.051	-1.248	.304	1.131	.599
2.9 You were impressed but did not express when you learnt about God for the first time.	62	1	5	3.74	1.085	-.494	.304	-.384	.599
2.10 You felt comforted when you heard the story of God for the first time.	62	1	5	4.03	1.086	-1.097	.304	.882	.599
2.11 The first time a person, who witnessed and shared the story of God with you, you focused on his sincerity/genuineness.	62	1	5	3.52	1.290	-.676	.304	-.433	.599
2.12 You were not intimidated by the person who shared the story of God with you for the first time.	62	1	5	4.27	1.011	-1.468	.304	1.917	.599
2.13 You were in favor with Christian circle when you heard the story of God for the first time.	62	1	5	3.95	1.193	-.981	.304	.012	.599
2.14 You were not fearful when you heard the story of God for the first time.	62	1	5	3.89	1.088	-1.032	.304	.978	.599
Valid N (listwise)	62								

⁶⁴ Note: Mean Score Interpretation. 4.50-5.00 = Very High, 3.50-4.49 = High, 2.50-3.49 = Moderate, 1.50-2.49 = Low, 1.00-1.49 = Very Low.

TABLE 6: THAI MEDICAL DOCTOR RESPOND TO FIRST TIME EVANGELISM BY GENDER

		Levene's Test for Equality of Variances		t-test for Equality of Means						95% Confidence Interval of the Difference	
		F	Sig.	t	Df	Significance One- Sided p	Two- Sided p	Mean Differ- ence	Std. Error Difference	Lower	Upper
2.1 Felt Positive	Equal variances assumed	.005	.943	.613	60	.271	.542	.186	.303	-.421	.793
	Equal variances not assumed			.614	52.037	.271	.542	.186	.303	-.422	.794
2.2 Church Atmosphere	Equal variances assumed	1.932	.170	.621	60	.268	.537	.160	.258	-.355	.675
	Equal variances not assumed			.599	44.844	.276	.552	.160	.267	-.378	.698
2.3 Home Group	Equal variances assumed	1.207	.276	-1.574	60	.060	.121	-.319	.203	-.724	.086
	Equal variances not assumed			-1.664	59.294	.051	.101	-.319	.192	-.702	.065
2.4 God Related To You	Equal variances assumed	.018	.894	.439	60	.331	.662	.144	.328	-.511	.799
	Equal variances not assumed			.436	50.635	.332	.664	.144	.329	-.518	.805
2.5 Been Searching	Equal variances assumed	3.717	.059	.936	60	.177	.353	.316	.337	-.359	.990
	Equal variances not assumed			.897	43.927	.187	.375	.316	.352	-.394	1.025
2.6 No Hidden Agenda	Equal variances assumed	4.337	.042	-1.054	60	.148	.296	-.307	.291	-.890	.276
	Equal variances not assumed			-1.125	59.833	.133	.265	-.307	.273	-.853	.239
2.7 Church No Hidden Agenda	Equal variances assumed	.755	.388	-.861	60	.196	.393	-.211	.245	-.701	.279
	Equal variances not assumed			-.885	56.148	.190	.380	-.211	.238	-.688	.267
2.8 Open To Christian	Equal variances assumed	.216	.644	.102	60	.459	.919	.028	.274	-.521	.577
	Equal variances not assumed			.101	48.534	.460	.920	.028	.279	-.533	.589
2.9 Not Express	Equal variances assumed	5.499	.022	.130	60	.449	.897	.037	.283	-.530	.603
	Equal variances not assumed			.121	39.933	.452	.904	.037	.303	-.575	.648
2.10 Felt Comfortable	Equal variances assumed	4.321	.042	.666	60	.254	.508	.188	.282	-.377	.753
	Equal variances not assumed			.627	40.730	.267	.534	.188	.300	-.418	.794
2.11 Sincerity	Equal variances assumed	.187	.667	.580	60	.282	.564	.195	.336	-.477	.866
	Equal variances not assumed			.571	49.022	.285	.570	.195	.341	-.490	.879
2.12 Not Intimidated	Equal variances assumed	.452	.504	.728	60	.235	.469	.191	.263	-.334	.717
	Equal variances not assumed			.690	41.853	.247	.494	.191	.277	-.369	.751
2.13 Favor With Christian Circle	Equal variances assumed	3.134	.082	.820	60	.208	.415	.254	.310	-.366	.874
	Equal variances not assumed			.785	43.648	.218	.437	.254	.324	-.398	.907
2.14 Not Fearful	Equal variances assumed	.931	.338	-.669	60	.253	.506	-.189	.283	-.755	.377

TABLE 7: THAI MEDICAL DOCTOR RESPOND TO FIRST TIME EVANGELISM BY AGE GROUP

		Sum of Squares	df	Mean Square	F	Sig.
2.1FeltPositive	Between Groups	8.050	4	2.012	1.531	.205
	Within Groups	74.918	57	1.314		
	Total	82.968	61			
2.2 ChurchAtmosphere	Between Groups	4.098	4	1.024	1.049	.390
	Within Groups	55.644	57	.976		
	Total	59.742	61			
2.3HomeGroup	Between Groups	2.172	4	.543	.857	.495
	Within Groups	36.102	57	.633		
	Total	38.274	61			
2.4GodRelatedToYou	Between Groups	4.172	4	1.043	.645	.633
	Within Groups	92.166	57	1.617		
	Total	96.339	61			
2.5BeenSearching	Between Groups	1.373	4	.343	.192	.942
	Within Groups	101.981	57	1.789		
	Total	103.355	61			
2.6NoHiddenAgenda	Between Groups	14.803	4	3.701	3.369	.015
	Within Groups	62.616	57	1.099		
	Total	77.419	61			
2.7 ChurchNoHiddenAgenda	Between Groups	11.346	4	2.837	3.761	.009
	Within Groups	42.993	57	.754		
	Total	54.339	61			
2.8OpenToChristian	Between Groups	1.452	4	.363	.314	.868
	Within Groups	65.968	57	1.157		
	Total	67.419	61			
2.9NotExpress	Between Groups	2.867	4	.717	.592	.670
	Within Groups	69.004	57	1.211		
	Total	71.871	61			
2.10FeltComfortable	Between Groups	.871	4	.218	.175	.951
	Within Groups	71.065	57	1.247		
	Total	71.935	61			
2.11Sincerity	Between Groups	3.736	4	.934	.545	.704
	Within Groups	97.748	57	1.715		
	Total	101.484	61			
2.12NotIntimidated	Between Groups	6.365	4	1.591	1.620	.182
	Within Groups	55.974	57	.982		
	Total	62.339	61			
2.13 FavorWithChristianCircle	Between Groups	.738	4	.185	.122	.974
	Within Groups	86.117	57	1.511		
	Total	86.855	61			
2.14NotFearful	Between Groups	5.736	4	1.434	1.230	.309
	Within Groups	66.474	57	1.166		
	Total	72.210	61			

5.2.4 “Come to Jesus Moment”

The majority,64.5%, did not make a decision when they heard the gospel for the first time. A quarter of them,25.8%, accepted Jesus Christ when prompted, and around one-tenth,9.7%, denied Jesus when prompted to accept Jesus.. (Figure 12)

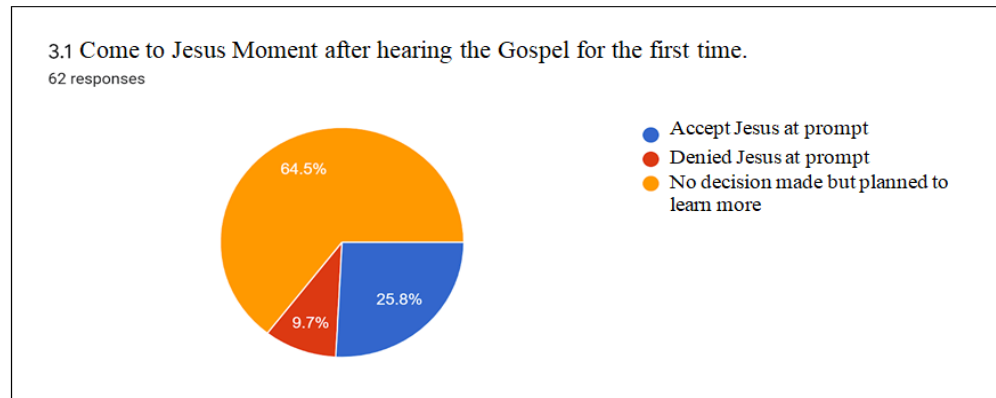


FIGURE 12. WHAT WAS YOUR DECISION WHEN YOU HEARD THE STORY OF GOD FOR THE FIRST TIME?

When asked, “what is the number one reason that made you accept Christ?”, the respondents gave many reasons. Most respondents, 35.5%, stated that they were touched by the love of God. A substantial number of them, 17.7%, claimed that they fully understood the gospel. Other reasons given by the respondents were God answered their prayers (12.9%), wanted to try Christianity with no obligation to commit (11.3%), Christian society is good (11.3%), touched by the love of Christian (8.1%), and wanted God to release them from their problems (3.2%). (Figure 13)

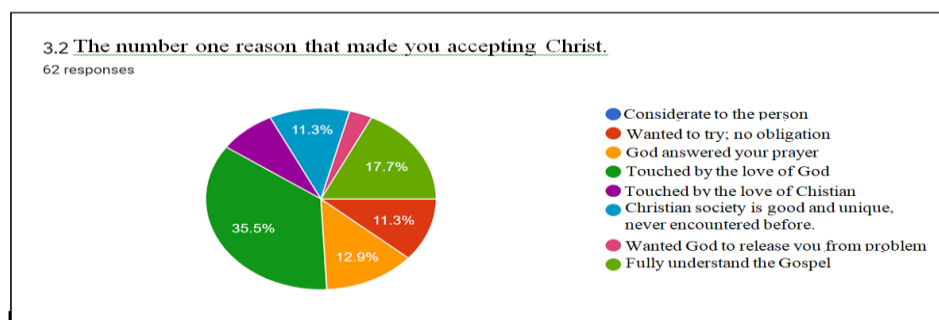


FIGURE 13. NUMBER ONE REASON THAT MADE YOU ACCEPTING CHRIST

5.2.5 Time from Accepting Jesus Christ to Salvation Assurance.

The respondents were asked about the time between their acceptance of Jesus Christ to the time when they truly felt confident in salvation. The first question asked how confident the respondents felt about their salvation the moment the Sinner's prayer ends (immediate phase), and another follow up question is to check if they are truly confident later on (subsequent phase). Majority of the respondents, 68%, felt high to very high confidence in salvation immediately after their Sinner's prayer finished. Around one quarter, 26%, had moderate confidence. The rest, 6%, felt low to very low confidence in salvation. (Figure 14)

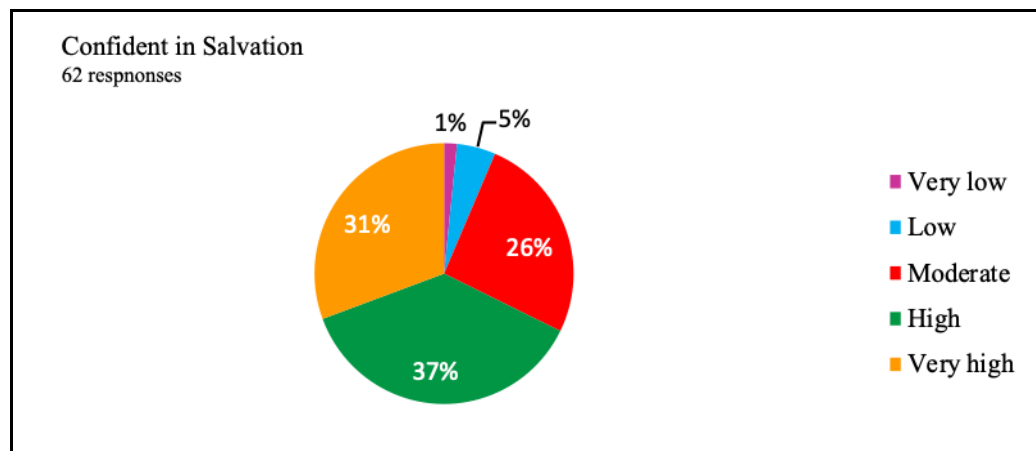


FIGURE 14. CONFIDENCE IN SALVATION IMMEDIATELY AFTER SINNER'S PRAYER FINISHED

Regarding the time taken from the first day of accepting Jesus Christ to when the respondents truly felt confident in salvation, 33.9% said that they felt confident immediately after the Sinner's prayer ended, equally another 33.9% stated that it took them more than three years to feel confident in their salvation. Around one tenth, 9.7%, took 6 months to one year, 8.1% took 1-2 years, 6.5% took 2-3 years, 4.8% took 4-6 months and 3.2% took 0-3 months to feel confident in their salvation. (Figure 15)

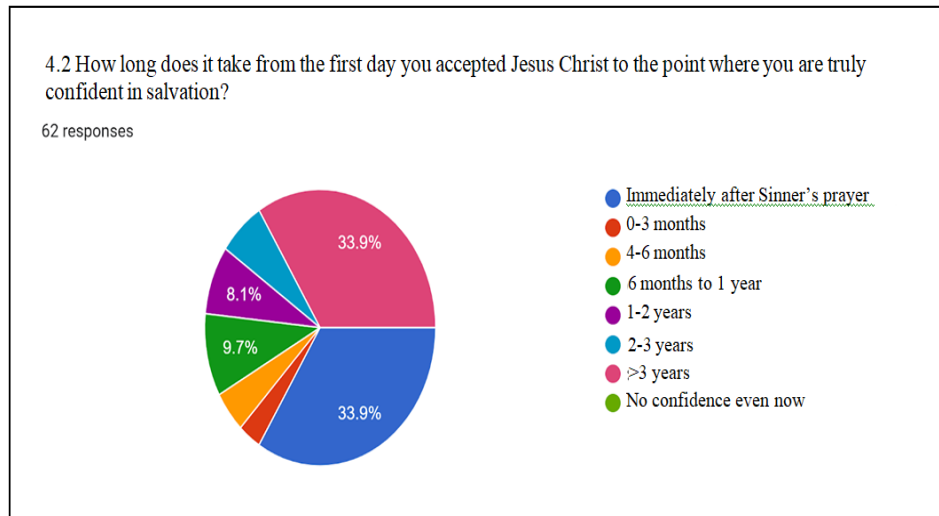


FIGURE 15. TIME FROM THE FIRST DAY OF ACCEPTING JESUS CHRIST TO TRULY CONFIDENCE IN SALVATION

52% of the respondents reported feeling confident in salvation within the first year. The number increased to 62% by the second year. However, one third of the respondents, 34%, took more than 3 years to feel confident in their salvation. (Figure 16)

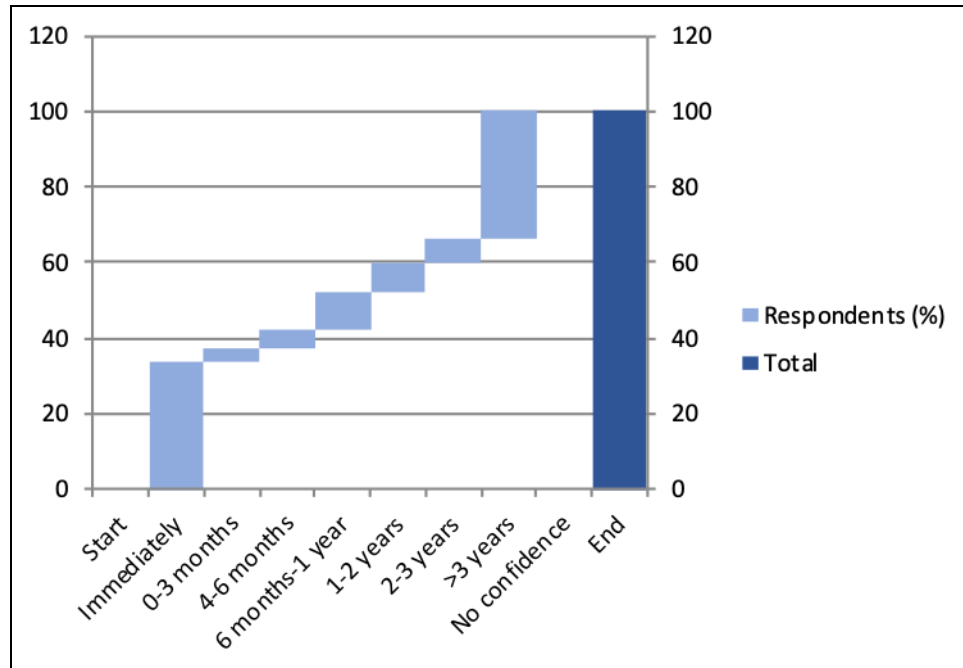


FIGURE 16. TIME FROM THE FIRST DAY OF ACCEPTING JESUS CHRIST TO TRULY CONFIDENCE IN SALVATION (WATERFALL CHART)

5.2.6 Factors which impact confidence in God during early years of Christian life

To identify the relationship between factors (activities, experiences), and faith in Jesus Christ, respondents were asked about factors that reinforce their faith in the gospel. The top two factors that were rated as very high were God answering prayers ($M=4.79$) and reading the Bible ($M=4.77$). Some other factors that were rated as high include: listening to sermons in church ($M=4.29$), family member becoming a Christian ($M=4.23$), going to church ($M=4.15$), joining a home group ($M=4.15$), observing lives of other Christians ($M=4.08$), worshipping ($M=4.05$), serving in a church ($M=4.02$), and listening to sermons online ($M=3.73$). (Table 8)

TABLE 8: FACTORS WHICH IMPACT CONFIDENCE IN GOD DURING EARLY YEARS OF CHRISTIAN LIFE⁶⁵

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
5.1 ConfidenceGoToChurch	62	1	5	4.15	1.038	-1.028	.304	.247	.599
5.2 ConfidenceHouseGroup	62	1	5	4.15	.989	-.931	.304	.252	.599
5.3 ConfidenceServeChurch	62	1	5	4.02	1.032	-1.050	.304	.820	.599
5.4 ConfidenceReadBible	62	2	5	4.77	.556	-3.013	.304	10.597	.599
5.5 ConfidenceListenSermonChurch	62	1	5	4.29	.912	-1.422	.304	2.066	.599
5.6 ConfidenceListenSermonSocialMedia	62	1	5	3.73	1.162	-.670	.304	-.359	.599
5.7 ConfidenceWorship	62	2	5	4.05	.913	-.632	.304	-.452	.599
5.8 ConfidenceAnswerPrayer	62	3	5	4.79	.484	-2.312	.304	4.827	.599
5.9 ConfidenceFamilyBecomeChristian	62	1	5	4.23	1.260	-1.612	.304	1.427	.599
5.10 ConfidenceLivesOtherChristians	62	1	5	4.08	1.135	-1.275	.304	.937	.599
Valid N (listwise)	62								

5.2.7 Medical scientific knowledge and faith

Respondents were asked about how medical scientific knowledge impacts their faith. Respondents rated Bible teaching is folklore (M=1.76), medical knowledge is a barrier to believing in the Bible (M=1.81), and teachings in Bible are not relevant now (M=1.94) as low. However, Medical scientific knowledge enables them to fully believe in the Bible (M=3.63) and the complexity of the human body is not from evolution (M=4.35) were rated highly. The top rating factor was God created all scientific laws (M = 4.65). (Table 9)

⁶⁵ Note: Mean Score Interpretation. 4.50-5.00 = Very High, 3.50-4.49 = High, 2.50-3.49 = Moderate, 1.50-2.49 = Low, 1.00-1.49 = Very Low

TABLE 9: MEDICAL SCIENTIFIC KNOWLEDGE AND FAITH⁶⁶

	N Valid	Mean	Std. Deviation	Skewness	Kurtosis
6.1BibleAgainstMedical	62	2.76	1.501	.218	-1.346
6.2MedicalBarrierBible	62	1.81	1.185	1.183	-.049
6.3BibleTeachingFolklores	62	1.76	1.141	1.524	1.506
6.4BibleNotRelevant	62	1.94	1.240	1.246	.491
6.5MedicalBelieveBible	62	3.63	1.346	-.535	-.856
6.6HumanNotEvolution	62	4.35	1.216	-1.798	2.007
6.7GodCreatedScientific	62	4.65	.770	-2.843	9.322

5.2.8 Effectiveness of evangelism strategy and method

Respondents were asked about the method and strategy they use in evangelism. All of the methods asked were rated as very high and high, except recommending a widely known Christian (M = 3.19), which was rated as moderate. The very highly rated method was being a living testimony (M = 4.55). The rest were rated as: testimony and witnessing direct experience with God and His blessing (M = 4.47), sharing the gospel clearly (M = 4.24), recommending prospects to read the Bible (M = 4.21), offering personal prayer (M = 4.13), inviting prospects to special events at church (M = 4.10), inviting prospects to join home groups (M = 4.10), recommending Christian books to prospects (M = 3.90), recommending prospects to listen to sermons on social media (M = 3.87), inviting prospects to church on regular Sundays (M = 3.76), recommending Christian music to prospects (M = 3.68), and recommending Christian movies to prospects (M = 3.53). (Table 10)

⁶⁶ Note: Mean Score Interpretation. 4.50-5.00 = Very High, 3.50-4.49 = High, 2.50-3.49 = Moderate, 1.50-2.49 = Low, 1.00-1.49 = Very Low.

**TABLE 10: EFFECTIVENESS OF EVANGELISM
STRATEGY AND METHOD ⁶⁷**

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
7.1FamousChristian	62	3.19	1.114	-.397	.304	-.451	.599
7.2ChurchRegularSunday	62	3.76	.935	-.360	.304	-.100	.599
7.3ChurchSpecialEvent	62	4.10	.987	-1.256	.304	1.656	.599
7.4JoinHouseGroup	62	4.10	.863	-.982	.304	1.475	.599
7.5Testimony	62	4.47	.671	-.890	.304	-.322	.599
7.6LivingTestimony	62	4.55	.670	-1.536	.304	2.492	.599
7.7SharingGospel	62	4.24	.783	-.671	.304	-.356	.599
7.8ReadBible	62	4.21	.908	-.706	.304	-.762	.599
7.9ListenSermonSocialMedia	62	3.87	.949	-.685	.304	.781	.599
7.10ChristianMovie	62	3.53	1.097	-.354	.304	-.358	.599
7.11ChristianBook	62	3.90	.936	-.422	.304	-.722	.599
7.12ChristianMusic	62	3.68	1.128	-.459	.304	-.638	.599
7.13PersonalPrayer	62	4.13	1.063	-1.195	.304	.906	.599
Valid N (listwise)	62						

5.2.9 Reason the prospects decide to visit church or join fellowship group

. In this section respondents were asked about reasons that encourage their prospects to join the fellowship group and move forward with their faith.

The top-rated reason was being impressed by Christians (M = 4.23). other high rated factors were having a personal experience with God (M = 4.06) and having a Christian friend (M = 3.90). The rest of the reasons are in the moderate group: having a Christian spouse (M = 3.42), attending church to listen to sermons (M = 3.34), studying the Bible (M = 3.29), having a Christian family member (M = 3.24), seeking a new experience (M = 2.97), having well known Christians in the church (M = 2.82), and “church has modern and effective social media platform (M = 2.81). (Table 11)

⁶⁷ Note: Mean Score Interpretation. 4.50-5.00 = Very High, 3.50-4.49 = High, 2.50-3.49 = Moderate, 1.50-2.49 = Low, 1.00-1.49 = Very Low.

**TABLE 11: REASON THE PROSPECTS DECIDE TO VISIT
CHURCH OR JOIN A FELLOWSHIP GROUP ⁶⁸**

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
8.1FamilyMemberChristian	62	3.24	1.411	-.265	.304	-1.213	.599
8.2SpouseChristian	62	3.42	1.362	-.489	.304	-.854	.599
8.3FriendChristian	62	3.90	1.112	-.912	.304	.338	.599
8.4FamousChristian	62	2.82	1.094	-.178	.304	-.538	.599
8.5ImpressedChristian	62	4.23	.818	-1.372	.304	3.119	.599
8.6StudyBible	62	3.29	1.285	-.377	.304	-.837	.599
8.7ListenSermonChurch	62	3.34	1.241	-.575	.304	-.562	.599
8.8 ModernSocialMediaPlatform	62	2.81	1.053	-.033	.304	-.435	.599
8.9NewExperience	62	2.97	1.280	-.180	.304	-.966	.599
8.10PersonalExperienceGod	62	4.06	1.143	-1.354	.304	1.301	.599
Valid N (listwise)	62						

From the Pearson's correlation matrix table, a few medium correlations (at 0.1) are found between effectiveness of evangelism strategy and method and reasons the prospects decide to visit church or join fellowship group. Correlations are found between having a Christian spouse and joining a home group ($r=.411$), having a Christian spouse and reading the Bible ($r=.458$), having a Christian spouse and listening to sermons on social media ($r=.448$), having a Christian spouse and watching a Christian movie ($r=.430$), being impressed by Christians and testimony ($r=.402$), and being impressed with Christians and witnessing a living testimony ($r=.429$). (Table 12)

⁶⁸ Note: Mean Score Interpretation. 4.50-5.00 = Very High, 3.50-4.49 = High, 2.50-3.49 = Moderate, 1.50-2.49 = Low, 1.00-1.49 = Very Low

TABLE 12: PEARSON'S CORRELATION MATRIX OF THE EFFECTIVENESS OF EVANGELISM STRATEGY AND METHOD AND REASON THE PROSPECTS DECIDE TO VISIT CHURCH OR JOIN FELLOWSHIP GROUP

Correlation																													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1	1																												
2		1																											
3			1																										
4				1																									
5					1																								
6						1																							
7							1																						
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24																								1					
25																									1				
26																										1			
27																											1		
28																												1	

Researcher further analyzes the correlation data by grouping the reasons why prospects decide to visit church or join fellowship group in to 4 groups:

1. Friend and Family Relationship (Sum R1: combination of reason 1, 2 and 3)
2. Christian Community (Sum R2: combination of reason 4 and 5)
3. Experience and Learning (Sum R3: combination of reason 6-9)
4. Experience with God (reason 10)

By using Pearson’s correlation matrix and Stepwise Multiple Regression method to examine the association between the 13 independent variables (evangelism strategy and methods) and dependent variables (4 groups of reasons why prospects decide to visit

church or join fellowship groups), the VIF (Variance Inflation Factor) shows no substantial issue relating with multicollinearity. Hence there is no concern about the correlation among independent variables being problematic. The first iteration of Stepwise Multiple Regression suggests that there is no statistically significant association between evangelism strategy and methods, and Friend and Family Relationship (Table 13), Christian Community (Table 14), or Experience and Learning categories of reasons why prospects decide to visit church or join fellowship group. (Table 15)

TABLE 13: MULTIPLE REGRESSION: EVANGELISM METHODS AND FRIEND AND FAMILY RELATIONSHIP

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	176.837	13	13.603	1.463	.167 ^b
	Residual	446.405	48	9.300		
	Total	623.242	61			

^a. Dependent Variable: SumR1_3

^b. Predictors: (Constant), 7.13PersonalPrayer, 7.7SharingGospel, 7.6LivingTestimony, 7.3ChurchSpecialEvent, 7.1FamousChristian, 7.2ChurchRegularSunday, 7.11ChristianBook, 7.4JoinHouseGroup, 7.9ListenSermonSocialMedia, 7.12ChristianMusic, 7.5Testimony, 7.8ReadBible, 7.10ChristianMovie

TABLE 14: MULTIPLE REGRESSION: EVANGELISM METHODS AND CHRISTIAN COMMUNITY

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	176.837	13	13.603	1.463	.167 ^b
	Residual	446.405	48	9.300		
	Total	623.242	61			

^a. Dependent Variable: SumR1_3

^b. Predictors: (Constant), 7.13PersonalPrayer, 7.7SharingGospel, 7.6LivingTestimony, 7.3ChurchSpecialEvent, 7.1FamousChristian, 7.2ChurchRegularSunday, 7.11ChristianBook, 7.4JoinHouseGroup, 7.9ListenSermonSocialMedia, 7.12ChristianMusic, 7.5Testimony, 7.8ReadBible, 7.10ChristianMovie

TABLE 15: MULTIPLE REGRESSION: EVANGELISM METHODS AND EXPERIENCE AND LEARNING

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	183.450	13	14.112	1.165	.333 ^b
	Residual	581.469	48	12.114		
	Total	764.919	61			

a. Dependent Variable: SumR6_9

b. Predictors: (Constant), 7.13PersonalPrayer, 7.7SharingGospel, 7.6LivingTestimony, 7.3ChurchSpecialEvent, 7.1FamousChristian, 7.2ChurchRegularSunday, 7.11ChristianBook, 7.4JoinHouseGroup, 7.9ListenSermonSocialMedia, 7.12ChristianMusic, 7.5Testimony, 7.8ReadBible, 7.10ChristianMovie

However, the association between evangelism methods and factors from the Experience with God category was significant, $F(13, 48) = 1.934$, $p = .049$, $R^2 = .344$, $R^2_{\text{Adjusted}} = .166$. (Table 16, 17) Further analysis shows that there are two independent variables, which are inviting prospects to church on Regular Sundays (Beta = $-.37$, $t(61) = -2.54$, $p < .05$) and personal prayer (Beta = $.34$, $t(61) = 2.14$, $p < .05$). (Table 18), that are significant and can predict the value of personal experience with God, as demonstrated by the following equation:

$$Y' = 4.186 - .447(x_2) + .36(x_{13})$$

TABLE 16: MULTIPLE REGRESSION: EVANGELISM METHODS AND. PERSONAL EXPERIENCE WITH GOD

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	176.837	13	13.603	1.463	.167 ^b
	Residual	446.405	48	9.300		
	Total	623.242	61			

a. Dependent Variable: SumR1_3

b. Predictors: (Constant), 7.13PersonalPrayer, 7.7SharingGospel, 7.6LivingTestimony, 7.3ChurchSpecialEvent, 7.1FamousChristian, 7.2ChurchRegularSunday, 7.11ChristianBook, 7.4JoinHouseGroup, 7.9ListenSermonSocialMedia, 7.12ChristianMusic, 7.5Testimony, 7.8ReadBible, 7.10ChristianMovie

**TABLE 17: MODEL SUMMARY EVANGELISM
METHODS AND PERSONAL EXPERIENCE WITH GOD**

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.586 ^a	.344	.166	1.044	1.798

a. Predictors: (Constant), 7.13PersonalPrayer, 7.7SharingGospel, 7.6LivingTestimony, 7.3ChurchSpecialEvent, 7.1FamousChristian, 7.2ChurchRegularSunday, 7.11ChristianBook, 7.4JoinHouseGroup, 7.9ListenSermonSocialMedia, 7.12ChristianMusic, 7.5Testimony, 7.8ReadBible, 7.10ChristianMovie

b. Dependent Variable: 8.10PersonalExperienceGod

**TABLE 18: COEFFICIENTS: EVANGELISM METHODS
AND PERSONAL EXPERIENCE WITH GOD**

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	4.186	1.167		3.588	<.001					
	7.1FamousChristian	-.002	.148	-.002	-.014	.989	.183	-.002	-.002	.658	1.519
	7.2ChurchRegularSunday	-.447	.176	-.366	-2.535	.015	-.169	-.344	-.296	.657	1.521
	7.3ChurchSpecialEvent	-.036	.166	-.031	-.217	.829	.038	-.031	-.025	.669	1.405
	7.4JoinHouseGroup	-.059	.221	-.044	-.265	.792	.027	-.038	-.031	.491	2.038
	7.5Testimony	-.092	.315	-.054	-.291	.772	-.040	-.042	-.034	.402	2.490
	7.6LivingTestimony	-.091	.229	-.053	-.397	.693	-.004	-.057	-.046	.757	1.320
	7.7SharingGospel	.109	.248	.074	.437	.664	.001	.063	.051	.473	2.114
	7.8ReadBible	-.166	.264	-.132	-.627	.533	.097	-.090	-.073	.311	3.218
	7.9ListenSermonSocialMedia	.268	.242	.223	1.109	.273	.265	.158	.130	.339	2.947
	7.10ChristianMovie	.334	.233	.320	1.435	.158	.286	.203	.168	.274	3.650
	7.11ChristianBook	-.252	.243	-.206	-1.035	.306	.006	-.148	-.121	.345	2.901
	7.12ChristianMusic	.079	.181	.078	.440	.662	.220	.063	.051	.431	2.318
	7.13PersonalPrayer	.360	.168	.335	2.139	.038	.384	.295	.250	.558	1.792

^a Dependent Variable: 8.10PersonalExperienceGod

To improve the multiple regression model, the researcher further analyzes the data by using the ALM (Automatic Linear Modeling) function in the SPSS software package. Outliers were removed from the data set and Best Subsets method was used in model selection. The new analysis suggests statistically significant association between evangelism methods and the Friend and Family Relationship category, $F(2, 51) = 14.19$, $p = .001$, $R^2 = .36$, $R^2_{\text{Adjusted}} = .33$). (Table 19, 20) The analysis shows that reading

the Bible (Beta = .40, $t(53) = 2.97$, $p < .05$ and Christian movie (Beta = .27, $t(53) = 2.02$, $p < .05$ are significant in predicting the value of Christian friend and family, (Table 21) as demonstrated by the following equation:

$$Y' = 2.849 + 1.305 (x_8) + .678 (x_{10})$$

TABLE 19: MULTIPLE REGRESSION: EVANGELISM METHODS AND FRIEND AND FAMILY

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	143.585	2	71.793	14.185	<.001 ^b
	Residual	258.118	51	5.061		
	Total	401.704	53			

^a. Dependent Variable: SumR1_3

^b. Predictors: (Constant), 7.10ChristianMovie, 7.8ReadBible

TABLE 20: MODEL SUMMARY: EVANGELISM METHODS AND FRIEND AND FAMILY

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.598 ^a	.357	.332	2.24970	2.005

^a. Predictors: (Constant), 7.10ChristianMovie, 7.8ReadBible

^b. Dependent Variable: SumR1_3

TABLE 21: COEFFICIENTS: EVANGELISM METHODS AND FRIEND AND FAMILY

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	2.849	1.617		1.762	.084	-.397	6.096		
	7.8ReadBible	1.305	.439	.401	2.972	.005	.423	2.186	.691	1.447
	7.10ChristianMovie	.678	.335	.273	2.023	.048	.005	1.351	.691	1.447

^a. Dependent Variable: SumR1_3

The new model also shows that association between evangelism methods and Christian community is significant, $F(2, 55) = 4.95$, $p = .011$, $R^2 = .15$, $R^2_{\text{Adjusted}} = .12$. (Table 22, 23) The analysis shows that Christian movie (Beta = .30, $t(57) = 2.33$, $p < .05$) significantly predicts the value of Christian community (Table 24) as demonstrated by the following equation:

$$Y' = 3.991 + .024 (x_{10})$$

TABLE 22: MULTIPLE REGRESSION: EVANGELISM METHODS AND CHRISTIAN COMMUNITY

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	14.777	2	7.388	4.947	.011 ^b
	Residual	82.137	55	1.493		
	Total	96.914	57			

^a. Dependent Variable: SumR4_5

^b. Predictors: (Constant), 7.10ChristianMovie, 7.6LivingTestimony

TABLE 23: MODEL SUMMARY: EVANGELISM METHODS AND CHRISTIAN COMMUNITY

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Dubin-Watson
1	.390 ^a	.152	.122	1.22205	1.805

^a. Predictors: (Constant), 7.10ChristianMovie, 7.6LivingTestimony

^b. Dependent Variable: SumR4_5

TABLE 24: COEFFICIENTS: EVANGELISM METHODS AND CHRISTIAN COMMUNITY

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	3.991	1.196		3.338	.002	1.595	6.388		
	7.6LivingTestimony	.398	.254	.199	1.566	.123	-.111	.908	.953	1.049
	7.10ChristianMovie	.383	.165	.296	2.325	.024	.053	.712	.953	1.049

^a. Dependent Variable: SumR4_5

In regard to association between evangelism methods and factors in the Experience and Learning category, the model suggests living testimony, church special events, Christian movie, and Christian book are important predictors, and might possibly associate with the value of Experience and Learning. (Table 25, 26) Nevertheless, none of the independent variables are significant in the model. (Table 27)

TABLE 25: MULTIPLE REGRESSION: EVANGELISM METHODS AND EXPERIENCE AND LEARNING

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	80.966	4	20.241	2.200	.081 ^b
	Residual	487.655	53	9.201		
	Total	568.621	57			

^a. Dependent Variable: SumR6_9

^b. Predictors: (Constant), 7.10ChristianMovie, 7.6LivingTestimony, 7.3ChurchSpecialEvent, 7.11ChristianBook

TABLE 26: MODEL SUMMARY: EVANGELISM METHODS AND EXPERIENCE AND LEARNING

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.377 ^a	.142	.078	3.03332	1.997

^a. Predictors: (Constant), 7.10ChristianMovie, 7.6LivingTestimony, 7.3ChurchSpecialEvent, 7.11ChristianBook

^b. Dependent Variable: SumR6_9

TABLE 27: COEFFICIENTS: EVANGELISM METHODS AND EXPERIENCE AND LEARNING

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	10.669	3.148		3.389	.001	4.355	16.984		
	7.6LivingTestimony	-.093	.605	-.020	-.153	.879	-1.306	1.120	.955	1.047
	7.3ChurchSpecialEvent	-.727	.453	-.231	-1.604	.115	-1.636	.182	.780	1.282
	7.11ChristianBook	.960	.666	.281	1.442	.155	-.375	2.295	.425	2.354
	7.10ChristianMovie	.498	.616	.165	.809	.422	-.738	1.734	.390	2.561

^a. Dependent Variable: SumR6_9

5.3 QUALITATIVE FINDINGS

In the qualitative research phase of the study, the researcher interviewed a group of eight individuals. This group consists of five Thai Christian medical doctors who took part in the Phase I Quantitative Survey, two missionaries, and one pastor. These doctors are a mixture of demographic profiles such as age, church organization, raised in Christian families, and first-generation Christians. The two missionaries, with extensive experience in evangelism in Thailand, and one seminary professor, who is also a pastor of a church where there is a group of Christian doctors as part of the congregation, were also interviewed. There are six key questions that the researcher used in the interview. These questions are crafted to further probe the issues found in the quantitative study that warranted clarification and explanation.⁶⁹ The six key questions are as followings:

Question 1: What is your overall opinion in evangelizing Thai M.D.?

Question 2: From your own experience, what strategies or methods are effective in evangelizing this group?

Question 3: What are some of the problems and barriers in evangelizing this group?

Question 4: What would you recommend for the solution?

Question 5: What is the church's role and action in evangelizing this group?

Question 6: What are the things that you would do the same and things you would do differently in evangelizing this group?

In addition to these six questions, the researcher also asked their opinion regarding each strategy/method used in evangelism (evangelism method and strategy 7.1-7.13). The researcher took notes during the interview to capture the key messages given

⁶⁹ Creswell, A Concise Introduction, 37.

by the interviewees (Appendix B). The interview scripts captured during the interview were transferred to NVivo software version 12 for data analysis. Data coding and thematic/content analysis were performed. The researcher used a deductive approach in analyzing the qualitative data under the key questions used in the interviews. The finding from qualitative research is summarized as below:

5.3.1 Overall Opinion About Evangelizing Thai M.D.

The frequency of words used by the interviewees, when asked about their opinions on evangelizing Thai M.D., is shown in table 28. The information on word frequency is also represented in a word-cloud graphical fashion. (Figure 17) The size of the word correlates to the frequency of the word used by the interviewees.

TABLE 28: OVERALL OPINION IN EVANGELIZING THAI M.D.

Word	Length	Count	Weighted Percentage (%)
High	4	6	3.85
Group	5	5	3.21
Doctors	7	4	2.56
Ego	3	4	2.56
Lot	3	4	2.56
Confidence	10	3	1.92
Intellectual	12	3	1.92
Life	4	3	1.92
Work	4	3	1.92
Also	4	2	1.28
Christian	9	2	1.28
Difficult	9	2	1.28
Direct	6	2	1.28
Experience	10	2	1.28

Family	6	2	1.28
General	7	2	1.28
Human	5	2	1.28
Listen	6	2	1.28
Lives	5	2	1.28
Lots	4	2	1.28

**TABLE 29: EFFECTIVE STRATEGY/METHOD USED IN
EVANGELIZING THAI M.D.**

Word	Length	Count	Weighted Percentage (%)
life	4	5	4.20
god	3	4	3.36
personal	8	3	2.52
testimony	9	3	2.52
conversation	12	2	1.68
creation	8	2	1.68
death	5	2	1.68
family	6	2	1.68
intellectual	12	2	1.68
logical	7	2	1.68
person	6	2	1.68
think	5	2	1.68
together	8	2	1.68
witnessing	10	2	1.68
2timothy	8	1	0.84
around	6	1	0.84
asking	6	1	0.84
believe	7	1	0.84
building	8	1	0.84
Christian	9	1	0.84

5.3.4 Recommendations for Solutions

The frequency of words used by the interviewees when asked about the solutions in evangelizing Thai M.D. is shown in table 31. The information on word frequency is also represented in a word-cloud graphical fashion. (Figure 20) The size of the word correlates to the frequency of the word mentioned by the interviewees.

TABLE 31: RECOMMENDATIONS FOR SOLUTIONS

Word	Length	Count	Weighted Percentage (%)
God	3	4	4.88
Christian	9	3	3.66
Time	4	3	3.66
Timing	6	3	3.66
Waiting	7	3	3.66
Bridge	6	2	2.44
Build	5	2	2.44
Burn	4	2	2.44
Christ	6	2	2.44
Continue	8	2	2.44
Learn	5	2	2.44
Pray	4	2	2.44
Relationship	12	2	2.44
Spending	8	2	2.44
Action	6	1	1.22
Attend	6	1	1.22
Attention	9	1	1.22
Bring	5	1	1.22
Church	6	1	1.22
Come	4	1	1.22

Christian	9	3	2.48
Seminar	7	3	2.48
Thai	4	3	2.48
Charity	7	2	1.65
Evangelism	10	2	1.65
Ideally	7	2	1.65
Interest	8	2	1.65
Topic	5	2	1.65
Works	5	2	1.65
Activity	8	1	0.83
Appreciation	12	1	0.83
Attend	6	1	0.83
Attention	9	1	0.83
Believers	9	1	0.83
Building	8	1	0.83



FIGURE 21. FREQUENCY OF WORDS MENTIONED IN REGARD TO THE CHURCH'S ROLE AND ACTION

5.3.6 *Good practices and lessons learned in evangelizing Thai M.D.*

The frequency of words used by the interviewees when asked good practices and lessons learned in evangelizing Thai M.D. is shown in table 33 and table 34. The information word frequency is also represented in a word-cloud graphical fashion. (Figure 22 and 23) The size of the word correlates to the frequency of the word used by the interviewees.

TABLE 33: GOOD PRACTICES

Word	Length	Count	Weighted Percentage (%)
church	6	8	3.90
continue	8	6	2.93
group	5	6	2.93
doctors	7	5	2.44
building	8	4	1.95
organize	8	4	1.95
support	7	4	1.95
Christian	9	3	1.46
evangelism	10	3	1.46
invite	6	3	1.46
relationship	12	3	1.46
seminar	7	3	1.46
special	7	3	1.46
testimony	9	3	1.46
Thai	4	3	1.46
care	4	2	0.98
charity	7	2	0.98
Christmas	9	2	0.98
evangelize	10	2	0.98
event	5	2	0.98

debate	6	2	1.14
evangelism	10	2	1.14
ideally	7	2	1.14
interest	8	2	1.14
logic	5	2	1.14

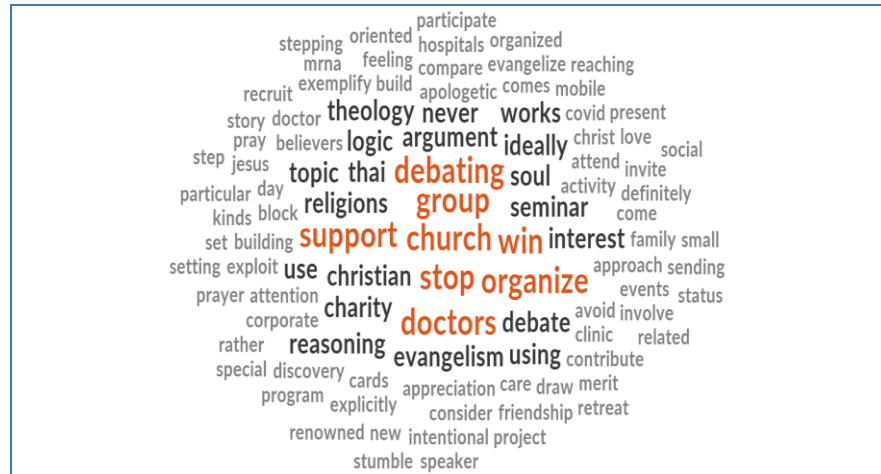


FIGURE 23. FREQUENCY OF WORDS MENTIONED IN REGARD TO LESSONS LEARNED

5.4 CONCLUSION

This chapter provides findings of both quantitative and qualitative research. For quantitative research, 62 Thai Christian M.D. participated in the study. The researcher used IBM SPSS Statistics Version 27 software in analyzing the data captured from the online survey. Findings on demographic information of the respondents, descriptive statistics, correlation, and multiple regression analysis are also presented in this chapter. For qualitative research, to ensure that the issues found in quantitative research is addressed not only from Thai Christian M.D.'s perspective but also from other key players in the chain of evangelism, five Thai Christian Doctors who had participated in the quantitative survey, combined with results from the interviews with two missionaries

and one professor-pastor, were analyzed by NVivo software. All the findings presented in this chapter will be discussed in detail in Chapter 6.

CHAPTER 6

DISCUSSION AND ANALYSIS OF FINDINGS

6.1. INTRODUCTION

This chapter discusses and explains the results from the qualitative and quantitative research in more detail, as described earlier in chapter 5, in order to answer the research questions of this study:

Guiding Question : What is the effective evangelism model in reaching medical doctors in Thailand?

Research Question 1: What are the most important factors bringing Thai medical doctors to Christ?

Research Question 2: What factors make Thai medical doctors most interested in God?

Research Question 3: What are the barriers for evangelism with this group of people?

The purpose of this study is to identify factors that contribute to an effective evangelism model in reaching medical doctors in Thailand. The researcher also wants to identify potential barriers and define the church's role in supporting the evangelism of this professional group. The analysis and discussion will help construct an effective model in evangelism, as well as propose solutions to overcome barriers in evangelizing to Thai medical doctors. The discussion and analysis of both quantitative and qualitative data sequentially is sought to provide a more thorough understanding of the research problems than either quantitative or qualitative data alone.⁷⁰ This study began with

⁷⁰ Creswell, J. W., & Creswell, J. D. (2014). The Selection of a Research Approach. In *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed., p. 48). essay, SAGE Publications, Inc.

quantitative research to gather data from Thai Christian medical doctors and is followed by a qualitative semi-structure interview. Five randomly chosen Thai Christian medical doctors who took part in the quantitative research, two missionaries and one professor/pastor were interviewed. The non-M.D. group was added to gather opinions from other stakeholders to broaden the perspective of this research. Detailed perspectives from interviewees help explain the result derived from the quantitative research.

6.2 QUANTITATIVE FINDINGS

6.2.1 Demographic of the respondents

The analysis of the general demographic profiles is derived from 62 respondents, which accounted for 12.6% of the total estimated pool of 485 Christian medical doctors in Thailand. The observation points are;

- 1) Ratio between male and female Thai Christian medical doctors is slightly higher when compared to the whole Christian medical doctor population (3:2 as opposed to 3:2.6).
- 2) Based on age, the majority of the respondents (84%) are actively practicing medicine.
- 3) All of the respondents are highly educated and trained. More than half (56.5%) are specialists, and roughly a quarter of them (24.2%) have obtained either a master or a doctorate degree.
- 4) Slightly more than half (56.5%) of the respondents are first generation Christians who were not born in a Christian family.

- 5) There is no new convert among respondents. All of them have been Christians for more than 5 years, 80.6% have been Christians more than 20 years.
- 6) The majority of the respondents ,84%, accepted Christ before they graduated from medical school and started practicing medicine. The remainder ,16.1%, accepted Christ during working years. None accepted Christ after retirement.

The key takeaways from demographic profiles of Thai Christian M.D. are that this group is split nearly in half between first generation Christians and those from Christian families, they are mature and in the prime of their career, they have accepted Christ since they were teenagers or young adults and have experienced Christian living for more than 20 years. Notably there is no new convert among the respondents.

6.2.2 Respond to the Gospel at the First Hearing

Thai Christian medical doctors respond positively when they hear the gospel for the first time when they perceive that the overall evangelizing process is genuine and that there is no hidden agenda. They did not find the message to be intimidating. They perceive that God is relating with them but tend to avoid expressing interests. Moreover, they are open to further connection. The pattern of response to the gospel is the same in male and female doctors. Even though every age group has a positive attitude toward the overall evangelical process, the younger age groups perceive that the witnessing person and the church have a hidden agenda less so than the older age groups. This finding is incongruence with findings from a study that investigates the effective evangelizing urban upper-middle class (Leelahakriengkrai, 2021). In Thailand, the intellectual evangelism style is popular among churches and missions. The Four Spiritual Laws are adopted and trained by CCC workers. It makes the recipients feel at ease and less intimidated. Another interesting finding is that those who were born into Christian

families have stronger feelings that God is relating to them in comparison to the converted group. Having been born and raised in a Christian family provides them with more opportunities to experience God in various life stages and situations.

6.2.3 Come to Jesus Moment

There is a substantial group of Thai Christian doctors that accepts Jesus Christ after hearing the gospel for the first time; two-third of them did not decide, while about one-tenth denies immediately. Those who responded to the gospel by accepting Jesus Christ reported many reasons that contributed to their acceptance of Christ. The reasons are ranked as follow; being touched by the love of God, fully understanding the gospel, prayers being answered, witnessing a good and loving Christian community, wanting to try with no obligation, and wanting God's help. It is worth noting that only a fraction of them refuted the gospel and it is very encouraging to see the majority gave either a very positive or positive response toward the evangelical process, considering that they live quite decent lives and only a few of them have problems and want help from God.

6.2.4 Time from Accepting Christ to Salvation Assurance

At the end of the sinner's prayer, 94% of Thai Christian doctors are immediately confident in salvation. Only 6% are not sure about it. One third of those that felt confident in salvation retained their confidence. The rest of the group needed longer time to regain salvation assurance ranging from an additional one to three years. This timing is crucial as it is the period when all the excitement of being a new Christian starts to wean off. This finding is important and supports the concern raised by Joshua Kellogg, regarding the misperception of saving through praying a prayer without combining with

faith (Kellogg, 2012). It is important to build up the new believers' faith and lay down a firm foundation in Christ through discipleship.

6.2.5 Confidence in God in the early year of Christian life

The early years of Christian life is a critical period for new believers. With proper intervention, the faith of Thai Christian medical doctors could thrive healthily. On the other hand, without proper care and guidance, their faith could wither and eventually die out. Factors that can fertilize the faith of the new Thai Christian doctors are:

- going to church
- joining house group/care group/fellowship group
- serving at church
- reading the Bible
- listening to sermons in church/social media
- worship in church
- perceiving that prayers are answered by God
- family members becoming Christian
- feeling encouraged by the lives of other Christians

We can group these factors in three groups based on activity and interaction as:

- 1) Personal Experience with God
- 2) Learning
- 3) Interaction in church and community

Thai Christian doctors rated Personal Experience with God and Learning (reading the Bible) as very strong factors that helped their faiths grow in the early years of Christian life. Other interactions and activities at church or in home groups have high

positive influences on their faith as well. We can derive from the survey data that conventional church activities are beneficial to new believers. In fact, it is not the activities itself but the supporting church environment and Christian community that foster their faith.

6.2.6 Medical scientific knowledge and faith

Most Thai Christian doctors do not agree that the stories in the Bible are folklore or irrelevant in the present time. They do not view medical scientific knowledge as a barrier to their faith in Christ and the Bible. On the contrary, they think that their medical knowledge enables them to appreciate the complexity of the human body and influences their belief in Creation over evolution. It is encouraging to see that scientific knowledge has limitations and cannot explain many phenomena on earth and in the universe. Lots of explanations hang on unproven theories and are constantly changing. Thai Christian medical doctors can incorporate their scientific knowledge to Christian faith without crashing with one another. They realize that God is the Creator of all things including scientific laws.⁷¹ However, they moderately feel that some stories in the Bible are against medical-scientific explanations.

6.2.7 Effectiveness of evangelism strategy and method

Thai Christian doctors use various techniques in witnessing. The list of common techniques used are:

- recommending a famous Christian
- inviting prospects to church on a regular Sundays

⁷¹ Isa. 45:7, Eph. 3:9, Col. 1:16, Rev. 4:11,

- inviting prospects to church on a special event e.g., Christmas, Easter...etc.
- inviting prospects to join house group/care group/fellowship group
- giving testimony about experience with God and His blessing
- evangelizing by being a living testimony
- sharing the gospel clearly and in detail
- recommending prospects to read Bible
- recommending prospects to listen to teaching/sermon, Christian programs on social media
- recommending Christian movie to prospects
- recommending Christian book to prospects
- recommending listening to Christian music to prospects
- Inviting prospects to request personal prayer

They rated all the techniques as very high and highly effective, except recommending famous Christian, which was rated as moderate effective. It seems that the doctor group is not keen on using famous Christian as a part of their techniques in witnessing to other medical doctors.

6.2.8 Faith formation of the Thai doctor prospects

In progression in faith, Christians who connect with Thai doctors have a profound impact on the progress and growth of their faith. The prospects learn how to be Christian by observing members in the Christian community where they associate with, and in particular, lives of the persons who share the gospel with them. Being a role model in

Christ would definitely have a positive impact on them.⁷² The Thai Christian doctors who shared the gospel with their peers rated being impressed by Christian as the top influencing factor in bringing up faith of their prospects who later became Christians, followed by having Christian friends. These two factors are rated even higher than having spouse and family members become Christian. This finding supports the study of the factors that lead Thai Buddhists to become Christian, which shows that contact with Christian culture is one of the prominent factors (Hilderbrand, 2016). In addition, the finding also supports the Relational-Contextual Approach, which combines building relationships with people and making the message and method relevant to people (Phetcharoen, 2005). Other factors have moderate impact, for example, having Christian spouse and family members, listening to sermon and studying the Bible, seeking new experience, having well known Christian in church, and churches having effective social media platforms.

There is a significant correlation between reasons that made the prospects move forward in faith and having a Christian spouse. Having a Christian spouse has a moderate effect on his or her partner. They can influence them to study the Bible, listen to sermons on social media, watch Christian movies, and visit home groups together. Personal verbal testimony and living testimony can also make a good impression and encourage the prospects, leading them to follow Christ.

6.2.9 Effective Evangelizing Strategy

Analysis by stepwise multiple regression on the evangelizing strategy and growing in faith suggests that prayer requests by the prospects can positively influence their personal experience with God. On the contrary, inviting them to church on regular Sunday has the opposite effect. In regard to personal experience in praying for the

⁷² Mat. 5:16, Titus 2:7-8, Heb. 13:7, 1Cor. 8:9-10, Phil. 3:17

prospects, the finding of this study shares a certain similarity to Nelson's experience in other Thai converts:⁷³

Thai Christians will share their own stories of what happened when they met Jesus and prayed for their friends; when people experience distinct answers to prayers directed to Jesus they often begin to want to learn more about him. Thai Christians invite their Buddhist friends and family to experience God's family in small groups or church services. Many people find a sense of family they have never experienced and "belong" to this new community before they actually begin to believe."

The R^2_{Adjusted} is equal to .166, which reflects the true nature of experiencing God.

No human work, nor technique can fully reveal God. He is the one who reveals Himself to us. Jesus Christ is the final and normative disclosure of God.⁷⁴ John Smith (1995) noted:

The disclosure of God, however, must be made intelligible and attempt must be made to interpret revelation in experiential terms. The disclosure of God is a relational affair; there are occasions upon which both the being and nature of God are made manifest, but if the manifestation is to be significant for the establishment of an actual religious tradition it must be a manifestation to a being capable of receiving what is thus disclosed. All that man knows and does takes place within the medium of experience; the manifestation of God as a reality transcending man and his experience is no exception to this general rule. Consequently, it is a mistaken opinion to believe that there is an essential incompatibility between revelation and the approach to God through experience. Behind this view is the belief that revelation is a special way of knowing that is utterly different from, and wholly discontinuous with, human understanding as it comes into play on occasions when our concern is not with God but with other persons and things in the world. (p. 69)

The functions derived from stepwise multiple regression are fully in accordance with the way God discloses Himself. According to the regression function, human effort takes part only 16.6% in experiencing God, the remaining majority portion of divine revelation is under God's dictation and His sovereign will.

⁷³ Nelson, W. K. (2019, January 21). *Interactions between Christians and Buddhists in Thailand*. Fuller Studio. Retrieved March 5, 2022, from <https://fullerstudio.fuller.edu/praxis-interactions-between-christians-and-buddhists-in-thailand/>

⁷⁴ Smith, John E. 1995. Experience and God [electronic Resource]. New York: Fordham University Press.

Further analysis by the ALM discloses the association between the combining of encouraging the person to read the Bible and recommending Christian movie, and friends and family relationship.

Reading Bible:

Paul states that “all Scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness, so that the servant of God may be thoroughly equipped for every good work”. (2Tim. 3:16) What he means is that the Bible is from God’s breath. He communicates with readers personally through the Holy Spirit. His breath gives life to Adam⁷⁵, and to the readers. In the Gospel of John, after resurrection, Jesus miraculously appears before his fearful and desperate disciples. He shows them the marks of crucifixion on His hands and side of His body. He then breaths on them and says, “Receive the Holy Spirit”. (John 20: 19-22). Since then, the lives of the disciples were never the same. The power of God’s Word and the life of Jesus through the Bible are change lives. Friends and family are in the inner circle of one’s life. Recommendation to read the Bible by oneself or group Bible study works well with Thai doctors, as they love to study and acquire new knowledge.

Christian Movie

It is easier for friends or family members to persuade or recommend Christian movies to Thai doctor prospects. Movies can be an effective tool in evangelizing. It is not intrusive, and the prospects have freedom to spend their free time whenever it suits them to watch the movie. Christian movies also associate with the Christian community. Christian movies are a powerful tool for evangelism. Most people love to watch movies, including Thai doctors. Movies can be purely for entertainment or “edutainment,” which

⁷⁵ Gen. 2:7

is both entertaining and educational. education. . It is natural for people to gather to watch movies and invite their friends and family. The time spent on a movie in a low-pressure environment is a good opportunity for people to be receptive to the gospel. Christian movies have been used as a tool of evangelism with great success since the 1970s. Billy Graham's Word Wide Picture released many major Christian releases.⁷⁶ Most viewers saw these movies at regular school, Sunday school, at prayer groups, or most commonly in a church, which has functioned as a key exhibition site for Christian film ever since (Russell, 2010). Terry Lindvall came to believe "in the power of technology to convert or to morally instruct people"⁷⁷ and Christian movie suits this purpose well.

The other recommendation from the ALM is the combination of being a living testimony and inviting prospects to special events at church, recommending Christian Movies and recommending Christian Books, might be effective in witnessing to Thai doctors. As described earlier, inviting Thai doctors to Church on regular Sundays has adverse effects on their experience with God. This finding might be a wakeup call for church leaders to reevaluate why their congregation is less appealing to Thai doctors, and how to engage with them. Admittedly, church programs are designed for believers not unbelievers, therefore they may look and feel intimidating to unbelievers. Paul's letter to Ephesians explains what a church should look like. He emphasizes on unity, and through church Christians can manifest the wisdom of God which should be made known to the world. Jesus Christ is the owner of the church, and He binds us into God's family. Christians should reflect these attributes.

Ralph Baeza, in his survey among ministers and professionals, finds that gathering in a church congregation can still be effective but to a lesser degree in

⁷⁶ RUSSELL, J. A. M. E. S. (2010). Evangelical audiences and "Hollywood" film: Promoting fireproof (2008). *Journal of American Studies*, 44(2), 391–407.

⁷⁷ Lindvall, Terry and Quicke, Andrew. *Celluloid Sermons: The Emergence of the Christian Film Industry, 1930-1986*, New York, USA: New York University Press, 2011. <https://doi-org.proxy1.lib.uwo.ca/10.18574/9780814765357>

comparison to small group gatherings at the workplace or home location settings, which works best to reach professionals than gathering in a church (Baeza, 2013). Inviting Thai doctors to church on special occasions, for example during Easter and Christmas, would be recommended. It is a great opportunity for them to experience the Christian faith, hope, and love. It is also a bridge to the gospel as they can learn the true reasons for celebration.

William Kenneth Nelson, who has lived and worked as a missionary in Thailand since 1986, recommends Christians to touch the Buddhists' hearts as a way of witnessing Christ. He claims that this practice enables the Thai church to grow at a rate of 4.2 percent per year, as the new Christian believers are usually impacted by the Christian way of life (Nelson, 2019).. To testify by living a Christian life means living a life that reflects Christ's gentleness and sacrificial love. Although it takes time and tremendous effort to differentiate a true Christian life from other merit Buddhists, it is the only way to show a tangible action of Christian love, one that is given without personal gain.

Phetchareun proposes a Relational-Contextual approach in presenting the gospel message in Thailand. He combines the advantages of relational approach and contextual approach together. The relational approach focuses on building relationships between the evangelist and the prospect, while the contextual approach focuses on making the message relevant to people. (Phetchareun, 2005)

The study result shows there is no single strategy that is effective on its own without the work of the Holy Spirit. He is the One who convicts the world of their sin and righteousness. (John 16:7-8) He is the source of revelation, wisdom, and power (1Cor. 2:10-11). All people are sinners under power of sin (Rom. 3:9-20), and the wages of sin is death (Rom. 6:23). Saving faith is not a person's own doing, nor can be produced by oneself (John 1:11-13) but it is God's grace that redeems sinners (Eph. 2:8). It is not the result of men's work or effort, but it is the Spirit who gives life. (John 6:63).

Nevertheless, partaking in God's redemption plan is a privilege God gives to Christians. We will not totally understand nor decipher the marvelous process of salvation. What we can do is to do our best in tasks that God calls us to do. He is sovereign and in control of His great redemptive plan.

6.3 QUALITATIVE FINDINGS

6.3.1 Overall opinion in sharing the gospel to Thai doctors

The interviewees shared their experiences in both direct and indirect encounters with Thai doctors. The majority of them agreed that witnessing to this group of professionals is different from witnessing to other professionals. The common words used during the interviews, captured by NVivo software, to describe Thai doctors are; busy, hardworking, intellectual, difficult, high ego and confident. From the interview, we can derive the characteristics of Thai doctors as a group of professionals who are very busy and hardworking. They are difficult to connect with, especially for non-medical people. They are intelligent, confident and have high ego. It is difficult to witness and reason with them about God.

6.3.2 Effective evangelizing method

The interviewees shared their experiences in methods used in evangelizing Thai M.D. The common methods are.

- Having intellectual, logical, and spiritual dialogues with the prospects (e.g., God's creation vs. intellectual design, purpose of life, life after death...etc.).

- Building personal relationships by spending time with the prospects, going on vacation together, providing support especially when they are in difficult times in life like losing a family member or divorce.

- Sharing personal testimony about how the interviewees have come to Christ.

- Pray continually for the prospects and asking them to make prayer requests or challenge them to pray to God directly.

The findings from the interview are supplementary to and confirm the findings from quantitative research. Interviewees all agreed that prayer is the most important factor. Building personal relationships is crucial in witnessing Thai M.D., as they do not easily believe by only being told or persuaded. Having an intellectual-spiritual dialogue with them is a door opener as they are interested in discussing hard topics. This tactic can lead to sharing the gospel with them. Lastly, personal testimony through words and action is also important, though it takes time and effort to be distinctive from other good unbelievers. Merely being a good friend or providing help is not sufficient as medical doctors tend to have less worldly problems compared to other people groups. Christians need to live godly lives and be a living testimony by reflecting Christ and His love.

6.3.3 Problems and barriers in evangelizing Thai M.D.

A major problem in evangelizing Thai medical doctors, identified by the interviewees, is that due to their busy lives they do not have the time to think about spirituality, and in combination with their high ego, Thai medical doctors seem to think that they can find answer to their lives by themselves.

They do not think advice from other people is necessary nor do they value those advice, especially from those they deemed as having lower intelligence or socio-economic status. Hence, non-medical doctor Christian may find it difficult to connect and engage with them. Their lives are also self-sufficient to a certain degree, as they hardly have unmet need in material things; health, wealth, and prosperity are quite common among them. Spiritual needs are the last thing they consider. Jesus said to his disciples, “Truly I tell you, it is hard for someone who is rich to enter the kingdom of heaven. Again, I tell you, it is easier for a camel to go through the eye of a needle than for someone who is rich to enter the kingdom of God.” (Mat. 19:23-24).

Maslow’s expanded hierarchy of needs (Maslow 1970a, 1970b) consists of eight hierarchies as follows:⁷⁸ (Figure 5.1)

1. Biological and physiological needs: air, food, drink, shelter, warmth, sex, sleep, etc.
2. Safety needs: protection from elements, security, order, law, stability, etc.
3. Love and belongingness needs: friendship, intimacy, trust, and acceptance, receiving and giving affection and love, affiliating, being part of a group (family, friends, work).
4. Esteem needs: classified into two categories: (i) esteem for oneself (dignity, achievement, mastery, independence) and (ii) the desire for reputation or respect from others (e.g., status, prestige).
5. Cognitive needs: knowledge and understanding, curiosity, exploration, need for meaning and predictability.

⁷⁸ McLeod, S. A. (2018, May 21). Maslow's hierarchy of needs. Retrieved from <https://www.simplypsychology.org/maslow.html>

6. Aesthetic needs: appreciation and search for beauty, balance, form, etc.
7. Self-actualization needs: realizing personal potential, self-fulfillment, seeking personal growth and peak experiences.
8. Transcendence needs: motivation through values which transcend beyond the personal self (e.g., mystical experiences and certain experiences with nature, aesthetic experiences, sexual experiences, service to others, the pursuit of science, religious faith, etc.).

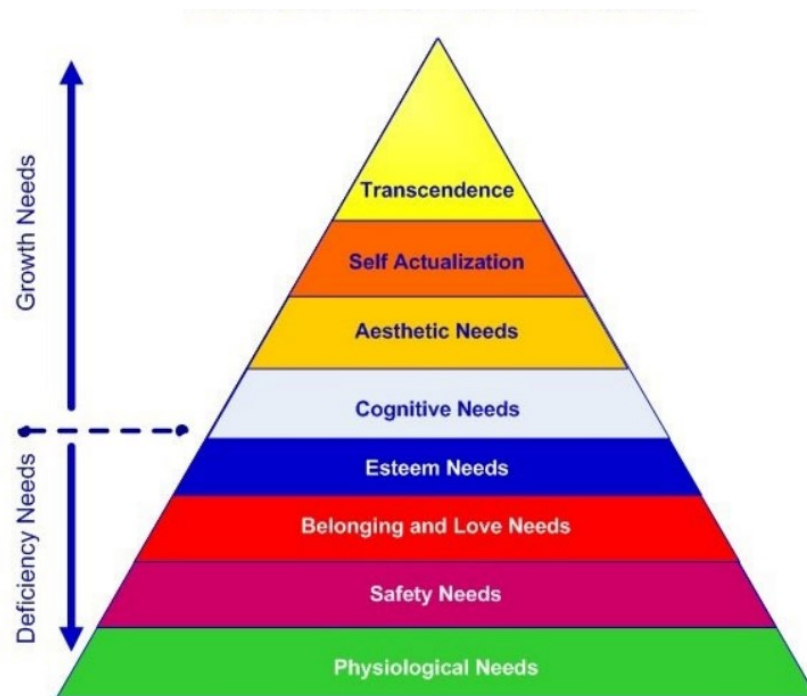


FIGURE 24. MASLOW'S MOTIVATION MODEL

Maslow suggests that the order of needs might be flexible as each person perceives the importance of each individual needs differently.⁷⁹ McLeod states in his article, “Although we are all, theoretically, capable of self-actualizing, most of us will not

⁷⁹ Ibid, 6

do so, or only to a limited degree. Maslow (1970) estimated that only two percent of people would reach the state of self-actualization” (McLeod, 2018). We can apply this model in evangelizing Thai M.D. Although the majority of them are in the Growth Needs phase, not too many of them have reached Self Actualization or Transcendence needs. It would be more interesting for them if Christians challenge them to seek something (God’s truth) beyond their ability to attain and to seek the full potential of what God has for them.

6.3.4 Recommendation and Solution

For those Thai Doctors who are resistant to the gospel, the interviewees unanimously recommend praying for them and wait for God’s timing. Do not burn the bridge, instead continue to spend time with them to keep the relationship. Encourage more Thai Christian M.D. to reach out to their peer who are unbelievers.

6.3.5 Church’s Roles and Actions

The number of Thai doctors is small, in general, so churches do not have specific ministries dedicated to evangelizing them, though some churches may have an outreach ministry to professional groups in general. In addition, medical doctors are not identified as a needy group, nor an unreached group. The interviewees recommended that churches set up support groups for doctors who come to church. Churches may recruit Thai Christian doctors and train them to reach out to Thai Doctors. Churches may consider organizing medical-related charity activities, for example, mobile clinics or medical education programs, and invite medical doctors to join. This strategy can attract Thai doctors, as some of them are keen on doing charity work using their professional skills. This would be a good opportunity for them to experience Christian community and love. Moreover, Christians can share the gospel with them while spending time together.

Another strategy is to organize a medical doctor group retreat program with a more welcoming and less explicit Christian oriented agenda. The main goal would be for prospects to experience the love of Christ, and not a coercive sharing of the gospel while coaxing them to convert to Christianity. As Thai doctors are keen to attend academic medical seminars on trendy interesting topics; churches can organize an academic talk such as the discovery of COVID-19 mRNA vaccine by inviting Christian doctors who are the experts in those fields to talk and share their personal testimony at the end of the talk. This event can draw attention to the church and prospects might be enthusiastic to learn more about Christianity. Finally, churches should set up a corporate prayer group for Thai medical doctors.

6.3.6 Good practices and lessons learned in evangelizing Thai medical doctor

The interviewees shared with the researcher a list of strategies or methods that they think they will keep using them in evangelizing Thai doctors. Below is a list of recommended good practices.

Good practices:

- Invite Holy Spirit to join in the conversation during evangelism
- Use a story telling technique
- Selectively witness with a person who is open to receiving the gospel
- Continue to build relationships and live the Christian life as a testimony
- Share the gospel through the social media platforms
- Continue to pray for the prospects
- Invite prospects to church on special occasions

On the contrary, here is the list of things the interviewees will stop doing in evangelizing Thai doctors.

Lessons learned:

- Stop using the logic, apologetic approach
- Stop debating theology by reasoning; we can win the argument but not the soul
- Stop comparing religions as it would make them more defensive
- Avoid being a stumble block.

CHAPTER 7

SUMMARY, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSIONS

7.1 SUMMARY

In this concluding chapter, the researcher presents the summary of the study, answers the research questions, discusses its implications, offers recommendations for future research, and presents his conclusions.

The purpose of this explanatory sequential mixed method study is to understand and identify factors contributing to an effective evangelism model in reaching medical doctors in Thailand. The central guiding research question is, “What is the effective evangelism model in reaching medical doctors in Thailand?”

The main understanding of this study is that the medical doctor profession in Thailand is difficult to connect with and witness to by non-medical professionals, as they are busy and do not want to discuss spiritual issues with strangers. However there are still opportunities to share the gospel with them, as they are open to discuss spiritual topics with acquaintance. Their view towards Christianity is quite positive and welcoming. They are enthusiastic in learning more about God, provided that the Christian circle is welcoming. The majority of the Christian doctors converted to Christianity during their school-college time. Thus, evangelizing to them ought to be early in their life stage. Thai Christian medical doctors are the frontline servants of God to reach out and share the gospel with their colleagues, as they work in the same medical profession. The more

effective evangelizing tools and methods are personal experience with God through prayer and being touched by the love of God, self-learning through different mediums (Christian movie, reading the Bible, online and social media resources), and experience with Christian community in a less intense Christian environment such as attending church on special events or joining home groups. In doing so, it can take up to three years for new converts to fully gain confidence in salvation.

The quantitative part of the study shows no difference between different genders or age groups in responding to the gospel for the first time. The single most important and significant evangelizing strategy is to invite the prospect to request for personal prayer. This personal experience with God advances their faith and brings them to Christ. Steven Tighe defines conversion as “the decision that one makes to become a follower of Jesus Christ. This decision represents a change in beliefs and behavior and is therefore a turning, or repentance, from one set of beliefs and behavior to another”.⁸⁰ The decision is not a mere work of man but is greatly influenced by the act of God. Thai medical doctors coming to Christ are often initiated and catalyzed by the witnessing Christians. The findings also suggest using non-intrusive methods such as recommending Christian movies and encouraging prospects to read the Bible. Christian friends and family members are also effective in evangelizing Thai medical doctors. Other potential strategies include living the Christian life as a living testimony, inviting them to churches on special occasions, and lending prospects Christian books.

Most Thai Medical doctors belong to the urban upper-middle or upper socio-economic class and have been exposed to Christianity. Social media also helps spread the gospel among them. They have a positive attitude toward church, Christians, do not find the gospel message intimidating and they feel that it answers to their spiritual quests.

⁸⁰ Tighe, Steven. 2015. “Born Again, Again: Conversion in Christian Families as a Process Punctuated by Grace.” *Christian Education Journal* 12, no. 1 (May): 58–80. <https://doi.org/10.1177/073989131501200105>.

Although they did not explicitly express interests in it, they feel that God is relating to them somehow. Contrary to common belief, medical scientific knowledge is not at all a barrier to the progression of faith of Thai Christian medical doctors but enables them to appreciate the creation of God more. Because of that starting the dialogue with creation can draw Thai medical doctors' attention and lead to sharing the gospel. Having said that, the gospel must be communicated in a holistic manner and comprehensively. The story of salvation begins with the God's creation and His sovereign will. He creates a man and a woman and allows them to dwell with Him in the garden in Eden. The problem begins when sin enters the earth through Adam and Eva resulting in the separation of men from God. Even so, God loves the world (His creation), and sets out the salvation plan to reconcile His creation with Him (John 3:16). This is where the gospel story of Jesus Christ can be seamlessly shared with the prospects. Jesus Christ epitomizes His mission on the Cross. He restores and affirms the reality and purpose of Creation and the meaning of life. This holistic Gospel sharing approach will draw attention of Thai medical doctors who proclaim that they are Buddhists, as many of them are dissatisfied with the explanation of Creation by Buddhism and want to know the actual starting point of the Creation.

The qualitative part confirms findings from the quantitative part, especially the importance of prayer requests and building personal relationships with Thai medical doctors. The research suggests that having intellectual dialogues on various spiritual topics would be a catalyst in their interests in God.

Major barriers in witnessing to Thai medical doctors are busy schedules and egocentrism. These factors contribute to the difficulty of non-medical Christians to even start a meaningful dialogue with medical doctor prospects.

7.2 IMPLICATIONS

There are some research and literatures that address the topic of evangelizing to professionals and upper-middle income people group in urban setting. Even so, none of them has specifically studied evangelism in the medical doctor profession in Thailand. This study is one of the pilot studies to explore this uncharted territory.

This study offers empirical evidence to evangelists and Christian scholars, theological education, and evangelism. It adds to the literature on evangelism, particularly the evangelism of the medical doctor profession in Thailand. It also provides insights for evangelists, churches, and theological seminaries on the effective model in evangelizing the Thai Medical Doctors.

7.2.1 Lesson for evangelists

Although the study reveals many barriers in witnessing to Thai medical doctors, it also points out the single most important tool: Prayer. For non-medical Christians, prayer is still the most effective method for overcoming barriers in bringing Thai medical doctors to Christ. Offering prayer to doctors is an effective way to share the love of God with them as it provides opportunities for doctors to “Taste and see that the Lord is good” (Ps. 34:8a NIV). For Christian medical doctors, the study clearly identifies that they are the front-line workers in the field. Thai medical doctors are seeking something beyond the growth needs that the world cannot give them. Jesus told His disciples, “The harvest is plentiful but the workers are few. Ask the Lord of the harvest, therefore, to send out workers into his harvest field” (Mat. 9: 37-38 NIV). Living the good Christian life without being a stumbling block is by default a basic thing every Christian ought to do. Thai Christian medical doctors need to be more intentional in sharing the gospel with their medical peers. Evangelical tools which have been proven to be effective in the study are prayer requests, reading the Bible, recommending Christian movies to prospects,

inviting prospects to church on special occasions, and recommending Christian books to prospects. In terms of communicating the gospel, it is important to be selective; sharing the Gospel in measured stages with those who are open to listen. Communication should be appropriate, starting with an intellectual, logical, and spiritual dialogue. Most importantly, all communication must be done with love and compassion, and avoid theological debates/reasoning, or comparison of religions. Having said that, these recommendations in themselves do not guarantee success. After all, the work of the Holy Spirit is the main determinant for salvation (Ps. 127:1 NIV).

7.2.2 Lesson for Churches

Churches are to consider the medical profession as one of the unreached people groups. In addition to evangelical ministries reaching out to the general public, churches may consider setting up a specific ministry that targets Thai medical doctors. Churches may consider setting up support groups for doctors who come to the church. Multiple churches could come together to set up specific ministry for medical doctors and recruit Thai Christian doctors and train them to reach out to their fellow Thai Doctors. Churches may co-organize retreat programs exclusively for medical doctors who show interests in Christianity. However, the goals of the retreat need to be welcoming and sensitive to the needs and opportunities of non-Christian visitors. Regular church activities may not be of Thai medical doctor interests, so organizing various medical-related charity activities and inviting them to help out would be an effective alternative. A medical symposium led by Christian medical experts is another activity that churches may consider if it is within their capability. Finally, a corporate prayer group for Thai medical doctors is warranted.

Since many Thai Christian doctors accept the Lord as primary and secondary school students, Churches need to have effective Children's ministries that will appeal to students pursuing Science, Technology, Engineering and Math. These students often

receive additional tuition and specialize in these technical courses that are not popular with among church workers. Children's programs need to have a clear age-appropriate message to engage students and help lead them to the Lord. Sadly, many churches do not have well-trained youth leaders to manage Sunday school effectively, and instead use Sunday school as childcare during adult worship. In churches and para-church organizations try to challenge children to discover Jesus, the children's programs thrive as children from Christian homes invite their friends to join them.

7.2.3 Lesson for Theological Seminaries

Since there is a very limited number of Thai medical doctors who pursue formal Bible study in the seminary, the majority of the Christians those medical students and medical doctors will meet are untrained lay people. The seminary should emphasize the need for tailor made evangelical models specific to different profession groups. A one-size-fits-all approach is no longer an effective strategy in evangelism in modern day Thailand. Seminary students should have hands-on training in critical analysis of the needs of members of the community. This training should challenge them to identify the heartfelt needs of conventional and unreached people groups and learn how to effectively communicate the gospel. Seminaries would do well to invite Christians from different professions and people groups to help in this process.

7.3` RECOMMENDATIONS FOR FUTURE RESEARCH

This study uses an explanatory sequential mixed method approach to discover an effective model in evangelizing Thai medical doctors. The findings suggest that most Thai Christian doctors in the study accepted Christ while they were students. Only a small proportion of Thai Christian doctors in the study converted to Christianity after they graduated from medical school and started their professional career, and none

converted after retirement. Future researchers may want to look specifically at the effective evangelizing model in the retiree medical doctor group, or evangelizing in broader medical professionals: dentists, veterinarians, and nurses for example.

7.4 CONCLUSION

The number of Christian in Thailand is still under one percent. This dismal 0.77% figure could be a wakeup call for all Christians in Thailand to ask the question “What has been going wrong and how can we improve it?” Evangelism is not an easy task. The result is its own proof of this challenge. The low percentage figure of Christian in the general population correspondingly applies to the medical doctor profession.

Reengineering evangelism to suit Thai context, tailor making a model to be used for a specific profession, and peer to peer witnessing all need to be employed. Needless to say, salvation is by the grace of God and through faith in Jesus Christ. Christians should consider evangelism to be a privilege given to us by God to take part in His plan of salvation. Regardless of how big or small a part we contribute to this plan, we can glorify God by doing our best, while being humble and aware of the limit of man effort and ability. The holy spirit is the one who actually does the heavy lifting, and the result of salvation is solely on Him according to His sovereign will. This study identifies an effective model in evangelizing medical doctors in Thailand and reveals the barriers barring them from hearing the gospel. It also identifies Thai Christian medical doctors as candidates who can overcome those barriers and offers effective methods to be used in evangelizing Thai medical doctors. The study also gives practical suggestions to evangelists and churches to be more deliberate in evangelizing to Thai medical doctors and to theological seminaries to build curriculums on evangelism in specific professions.

APPENDIX A
SURVEY QUESTIONNAIRE USED IN THIS RESEARCH

Questionnaires for research topic “Evangelism to Thai Medical Doctors”

*** Required**

Part 1: Demography of the respondent

Please mark the statement that is best represents you.

1.1 Gender*

Male

Female

1.2 Age*

25-34 years

35-44 years

45-54 years

55-64 years

65 years or over

1.3 Highest education*

Doctor of Medicine

Specialty Board

Master Degree (non-medical science e.g. MBA, Computer Science...etc)

Philosophical Doctor (PhD.)

1.4 Are you born in Christian family?*

Yes

No

1.5 How long have you been Christian?*

1 year or less

2-5 years

6-10 years

11-15 years 16-20 years

20 years or over

1.6 At what life stage did you accept Jesus Christ as you Lord and Savior?*

During primary school years

During secondary school/vocational school years

During college years (Bachelor degree)

During college years (Master degree or above)

During work life (after graduate)

During retirement

1.7 What denomination group does you church belong to?*

Church of Christ in Thailand

Evangelical Fellowship of Thailand

Thailand Baptist Convention

Part 2: First impression when knowing God*

*the impression that make you wanting to know God more; regardless of the length of time you spent in learning about God.

2.1 You feel positive when you heard the story of God for the first time.*

Least agree Most agree

1 2 3 4 5

2.2 The overall church atmosphere where you visited for the first time made you want to learn more about God.*

Least agree Most agree

1 2 3 4 5

2.3 When you joined home group/care group/fellowship group, the overall atmosphere made you want to learn more about God.*

Least agree Most agree

1 2 3 4 5

2.4 You think that God relates to you when you heard the story of God for the first time.*

Least agree Most agree

1 2 3 4 5

2.5 You think this is something you have been searching for a long time when you heard the story of God for the first time.*

Least agree Most agree

1 2 3 4 5

2.6 You think Christian who shared the gospel with you for the first time had no hidden agenda.*

Least agree Most agree

1 2 3 4 5

2.7 You think church you visited for the first time had no hidden agenda.*

Least agree Most agree

1 2 3 4 5

2.8 You enjoyed learning about God and were open up to Christian to relate with you.*

Least agree Most agree

1 2 3 4 5

2.9 You were impressed but showed no expression when you learn about God for the first time.*

Least agree Most agree

1 2 3 4 5

2.10 You feel comforted when you heard the story of God for the first time.*

Least agree Most agree

1 2 3 4 5

2.11 The first time a person, who witnessed and shared the story of God with you, you focus on his sincerity/genuineness.*

Least agree Most agree

1 2 3 4 5

2.12 You were not intimidated by the person who shared the story of God with you for the first time. *

Least agree

Most agree

1 2 3 4 5

2.13 You were in favor with Christian circle when you heard the story of God for the first time. *

Least agree

Most agree

1 2 3 4 5

2.14 You were not fearful when you heard the story of God for the first time. *

Least agree

Most agree

1 2 3 4 5

2.15 What was your decision when you heard the story of God for the first time?*

* When the person who shared the full gospel with you for the first time and challenged you to accept Christ.

Accepted Christ at prompt

Denied at prompt

No decision made and planned to learn more about God.

Part 3: Reasons for accepting Christ*

*the main reason drove you to pray the sinner's prayer regardless of true faith in Jesus Christ or not

3.1 The number one reason that made you accepting Christ.*

Wanted to be considerate to the person who shared the gospel

Just wanted to try since there is no obligation

God answered your prayer

Touched by the love of God

Touched by the love of Christian brothers/sisters at church

Christian society is good, not similar to others

Wanted God to release you from problems

Fully understand the gospel

Part 4: External factors which influence you to believe in the Gospel*

*External factors that helps increasing faith in the gospel. This is to identify the relationship between faith in Jesus Christ and external factors.

4.1 The moment when you prayed and accepted Jesus Christ you were confident in salvation. *

Least agree

Most agree

1 2 3 4 5

4.2 How long does it take from the first day you accepted Jesus Christ to the time when you are confident in salvation?*

I have confidence immediately after the prayer end.

0-3 months

4-6 months

6 months to 1 year

Between 1-2 years

Between 2-3 1

More than 3 1

I have no confidence in salvation even now.

5. What factor has the most impact to your confidence in God during your early years of Christian life? (Part 3)

*Factors that reinforce your confidence that God is real during the early year of your Christian life.

5.1 I have more confidence in God when I go to church.*

Least agree Most agree

1 2 3 4 5

5.2 I have more confidence in God when I join house group/care group/fellowship group. *

Least agree Most agree

1 2 3 4 5

5.3 I have more confidence in God when I serve in Church.*

Least agree Most agree

1 2 3 4 5

5.4 I have more confidence in God when I read the Bible.*

Least agree Most agree

1 2 3 4 5

5.5 I have more confidence in God when I listen to the teaching/sermon in church.*

Least agree

Most agree

1 2 3 4 5

**5.6 I have more confidence in God when I listen to the teaching/sermon or
Christian programs available on social media.***

Least agree

Most agree

1 2 3 4 5

5.7 I have more confidence in God when I worship in Church.*

Least agree

Most agree

1 2 3 4 5

5.8 I have more confidence in God when God answers my prayer request.*

Least agree

Most agree

1 2 3 4 5

**5.9 I have more confidence in God when my family members know God and
become Christian.***

Least agree

Most agree

1 2 3 4 5

**5.10 I have more confidence in God because I am encouraged by lives of other
Christians.***

Least agree

Most agree

1 2 3 4 5

6. Medical scientific knowledge and faith* (Part 4)

1.1 Bible stories are against medical science (creation, evolution, birth of Jesus).*

Least agree

Most agree

1 2 3 4 5

6.2 Medical scientific knowledge is the barrier for you to fully believe in Bible.*

Least agree

Most agree

1 2 3 4 5

6.3 Bible story is mainly for moral teaching, some stories were from folklores.*

Least agree

Most agree

1 2 3 4 5

6.4 Story in the Bible is not relevant to present day due to difference in socio-cultural-economic context.*

Least agree

Most agree

1 2 3 4 5

6.5 Medical scientific knowledge enables you to fully believe in Bible.*

Least agree

Most agree

1 2 3 4 5

6.6 Complexity of human body cannot be simply explained by evolution theory.*

Least agree

Most agree

1 2 3 4 5

6.7 God is the one who created all scientific laws. He allows us to discover it a bit by bit according to His will.*

Least agree Most agree

1 2 3 4 5

7. Effectiveness of your choice of evangelism* (Part 5)

*Evangelism strategy and method in sharing the gospel to the non-believers result in increasing their interests from no interest to wanting to know more about God.

7.1 Recommending a widely known Christian to them.*

Least agree Most agree

1 2 3 4 5

7.2 Inviting them to church on a regular Sunday.*

Least agree Most agree

1 2 3 4 5

7.3 Inviting them to church on a special event e.g. Christmas, Easter...etc.*

Least agree Most agree

1 2 3 4 5

7.4 Inviting them to join house group/care group/fellowship group.*

Least agree Most agree

1 2 3 4 5

7.5 Testimony and witnessing direct experience with God and His blessing.*

Least agree Most agree

1 2 3 4 5

7.6 Evangelize by living testimony; love and take care non-believers constantly.*

Least agree

Most agree

1 2 3 4 5

7.7 Sharing the gospel clearly and in detail.*

Least agree

Most agree

1 2 3 4 5

7.8 Recommending them to read the Bible.*

Least agree

Most agree

1 2 3 4 5

**7.9 Recommending them to listen to teaching/preaching, Christian programs
available on the social media.***

Least agree

Most agree

1 2 3 4 5

7.10 Recommending them to watch Christian movie.*

Least agree

Most agree

1 2 3 4 5

7.11 Recommending them to read Christian book.*

Least agree

Most agree

1 2 3 4 5

7.12 Recommending them to listen to Christian music.*

Least agree

Most agree

1 2 3 4 5

7.13 Inviting them to request for personal prayer so God will answer the prayer request.*

Least agree

Most agree

1 2 3 4 5

8. Reason why the person you shared the Gospel decided to visit church or join house group/care group/fellowship group.* (Part 5)

*Reason that encourage the person you shade the Gospel to move forward e.g. friend, family, good teaching from Bible or social media or direct experience with Go...etc.

8.1 Family member(s) is (are) Christian.*

Least agree

Most agree

1 2 3 4 5

8.2 Partner or spouse is Christian.*

Least agree

Most agree

1 2 3 4 5

8.3 Friend is Christian.*

Least agree

Most agree

1 2 3 4 5

8.4 Having well known Christian in the church.*

Least agree

Most agree

1 2 3 4 5

8.5 Impressed by Christian.*

Least agree

Most agree

1 2 3 4 5

8.6 Wanting to study Bible. *

Least agree

Most agree

1 2 3 4 5

8.7 Wanting to listen to teaching/sermon in church.*

Least agree

Most agree

1 2 3 4 5

8.8 Church has modern and effective social media platform*

Least agree

Most agree

1 2 3 4 5

8.9 Wanting to visit church to gain new experience.*

Least agree

Most agree

1 2 3 4 5

8.10 Having direct personal experience with God and received blessing form Him.*

Least agree

Most agree

1 2 3 4 5

Questionnaires for research topic “Evangelism to Thai Medical Doctors” (Thai version)

แบบสอบถามเพื่องานวิจัยในหัวข้อ "การประกาศข่าวประเสริฐแก่แพทย์ในประเทศไทย"

* Required

ส่วนที่ 1 ข้อมูลส่วนบุคคลของผู้ตอบแบบสอบถาม

คำชี้แจง : โปรดทำเครื่องหมาย . ลงใน () หน้าข้อความที่ท่านเลือก ซึ่งตรงกับข้อเท็จจริงของท่านมากที่สุด

เพศ *

ชาย

หญิง

อายุ *

25-34 ปี

35-44 ปี

45-54 ปี

55-64 ปี

65 ปี ขึ้นไป

ระดับการศึกษาที่สำเร็จสูงสุด *

แพทยศาสตรบัณฑิต

คุณนับแสดงความรู้ความชำนาญในการประกอบวิชาชีพเวชกรรม

ปริญญาโท แขนงอื่นๆที่นอกเหนือจากการแพทย์ เช่น บริหารธุรกิจ วิทยาศาสตร์คอมพิวเตอร์

ปริญญาเอก

คุณเกิดในครอบครัวคริสเตียนหรือไม่ *

ใช่

ไม่ใช่

คุณเป็นคริสเตียนมาแล้วกี่ปี *

น้อยกว่า 1 ปี

1-5 ปี

5-10 ปี

10-15 ปี

15-20 ปี

20 ปีขึ้นไป

คุณได้ต้อนรับพระเยซูเป็นพระเจ้าขณะที่คุณอยู่ในช่วงเวลาใด *

ขณะเรียนประถม

ขณะเรียนมัธยม ปวช/ปวส/อนุปริญญา

ขณะเรียนมหาวิทยาลัย ป.ตรี

ขณะเรียนมหาวิทยาลัยสูงกว่า ป.ตรี

ขณะอยู่ในวัยทำงาน

ขณะอยู่ในช่วงวัยหลังเกษียณ

คุณเป็นสมาชิกคริสตจักรในสังกัดใด *

สภาคริสตจักรในประเทศไทย

สหกิจคริสเตียนแห่งประเทศไทย

สหคริสตจักรแบปติสต์ในประเทศไทย

แบบสอบถามเพื่องานวิจัยในหัวข้อ "การประกาศข่าวประเสริฐแก่แพทย์ในประเทศไทย"

* Required

1. ความรู้สึกแรกที่ได้รับรู้เกี่ยวกับพระเจ้า (ส่วนที่ 2)

คำชี้แจง: ความรู้สึกแรกที่ได้รับรู้เกี่ยวกับพระเจ้า หมายถึง การรับรู้เรื่องราวเกี่ยวกับพระเจ้าในครั้งแรกที่ส่งผลให้
เกิดความรู้สึกปรารถนาอยากรู้จักพระเจ้ายิ่งขึ้น ไม่ว่าความปรารถนานั้นๆ จะนำไปสู่การศึกษาเรื่องราวเกี่ยวกับ
พระเจ้าอย่างต่อเนื่องจากนั้นหรือไม่ก็ตาม

1.1 เมื่อคุณได้ยินเรื่องราวเกี่ยวกับพระเจ้าครั้งแรก คุณมีความรู้สึกในแง่ที่ดี *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.2 เมื่อคุณไปคริสตจักรครั้งแรก บรรยากาศโดยรวมทำให้คุณอยากศึกษาเรื่องพระเจ้ายิ่งขึ้น *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.3 เมื่อคุณไปกลุ่มประชุมตามบ้าน (กลุ่มเซลล์, กลุ่มแคร์, กลุ่มสามัคคีธรรมตามบ้าน) ครั้งแรก บรรยากาศโดยรวมทำ ให้คุณอยากศึกษาเรื่องพระเจ้ายิ่งขึ้น *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.4 เมื่อคุณได้ยินเรื่องราวเกี่ยวกับพระเจ้าครั้งแรก คุณรู้สึกที่พระเจ้าเกี่ยวข้องกับชีวิตคุณ *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.5 เมื่อคุณได้ยินเรื่องราวเกี่ยวกับพระเจ้าครั้งแรก คุณรู้สึกว่านี่คือสิ่งที่คุณตามหามานาน *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.6 เมื่อคุณได้ยินเรื่องราวเกี่ยวกับพระเจ้าครั้งแรกจากคริสเตียนที่มาประกาศกับคุณ คุณรู้สึกว่าคริสเตียนไม่มี

ผลประโยชน์แอบแฝง * เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.7 เมื่อคุณไปคริสตจักรครั้งแรก คุณรู้สึกว่าคริสตจักรไม่มีผลประโยชน์แอบแฝง *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.8 คุณชอบเรื่องราวของพระเจ้า และยินดีเปิดใจให้คริสเตียนเข้ามาในชีวิตคุณ *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.9 เมื่อคุณได้ยินเรื่องราวเกี่ยวกับพระเจ้าครั้งแรก คุณรู้สึกประทับใจโดยไม่แสดงออก *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.10 เมื่อคุณได้ยินเรื่องราวเกี่ยวกับพระเจ้าครั้งแรก คุณรู้สึกอบอุ่น *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.11 เมื่อคุณได้ยินเรื่องราวเกี่ยวกับพระเจ้าครั้งแรก คุณสนใจผู้ที่เป็นพยานว่าจริงใจหรือเปล่า *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.12 คุณไม่รู้สึกตกใจกลัว เมื่อคุณได้ยินเรื่องราวเกี่ยวกับพระเจ้าครั้งแรก *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.13 คุณชอบสังคมคริสเตียน เมื่อคุณได้ยินเรื่องราวเกี่ยวกับพระเจ้าครั้งแรก *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

1.14 คุณไม่รู้สึกกลัว เมื่อคุณได้ยินเรื่องราวเกี่ยวกับพระเจ้าครั้งแรก *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

2. คุณตัดสินใจอย่างไรเมื่อได้ยินเรื่องราวของพระเจ้าครั้งแรก (ส่วนที่ 2)

คำชี้แจง: ตัดสินใจอย่างไรเมื่อได้ยินเรื่องราวของพระเจ้าครั้งแรก หมายถึง หลังจากได้ฟังเรื่องพระกิตติคุณของพระเยซูจากผู้ที่เข้ามาเป็นพยานอย่างครบถ้วนในครั้งแรก เมื่อเขาขอให้ลองตัดสินใจรับเชื่อคุณตอบสนองอย่างไร

2. คุณตัดสินใจอย่างไรเมื่อได้ยินเรื่องราวของพระเจ้าครั้งแรก

รับเชื่อทันที

ปฏิเสธทันที

ไม่ปฏิเสธทันทีแต่ตั้งใจจะศึกษาเรื่องราวของพระเจ้าต่อ

3. เหตุผลที่ตัดสินใจรับเชื่อ (ส่วนที่ 2)

คำชี้แจง: เหตุผลที่ตัดสินใจรับเชื่อ หมายถึง สาเหตุสำคัญที่ทำให้ยอมตัดสินใจอธิษฐานต้อนรับพระเยซูเข้ามาในชีวิต ซึ่งในใจอาจจะเชื่อวางใจในพระเยซูอย่างแท้จริงหรือไม่ก็ได้

3. เหตุผลสำคัญที่สุดที่ทำให้คุณตัดสินใจรับเชื่อ *

เกรงใจผู้ที่มาประกาศกับคุณ

อยากทดลองดู ไม่เสียหายอะไร

พระเจ้าตอบคำอธิษฐานของคุณ

ได้สัมผัสความรักของพระเจ้า

ได้สัมผัสความรักของพี่น้องในคริสตจักร

สังคมคริสเตียนดี ไม่เหมือนสังคมทั่วไปที่เคยเจอ

อยากให้พระเจ้าช่วยปลดปล่อยคุณจากปัญหา

ตระหนักว่าคุณเข้าใจข้อมูลข่าวประเสริฐอย่างครบถ้วน

4. บรรยายากายนอกที่มีผลต่อความเชื่อมั่นในข่าวประเสริฐ (ส่วนที่ 3)

คำชี้แจง: บรรยายกายภายนอกที่มีผลต่อความเชื่อมั่นในข่าวประเสริฐหมายถึง ปัจจัยภายนอกที่ช่วยให้เกิดความ
มั่นใจในการยอมรับข่าวประเสริฐได้ดียิ่งขึ้น เพื่อทดสอบความสัมพันธ์ระหว่างความเชื่อมั่นในพระเยซูกับ
สภาพแวดล้อมภายนอก

4.1 เมื่อคุณได้อธิษฐานต้อนรับพระเยซู ณ ขณะนั้นคุณรู้สึกมั่นใจในความรอด *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

4.2 นับจากวันแรกที่คุณได้อธิษฐานต้อนรับพระเยซู กว่า คุณจะมั่นใจว่าคุณรับความรอดจริงๆ คุณใช้เวลาศึกษาอีก
นานเท่าไร

คุณมั่นใจในความรอดทันทีที่คุณอธิษฐานจบ

0-3 เดือน

4-6 เดือน

6 เดือน ถึง 1 ปี

อยู่ระหว่าง 1-2 ปี

อยู่ระหว่าง 2-3 ปี

มากกว่า 3 ปี

คุณยังคงไม่มั่นใจในความรอดแม้ในขณะนี้

5. อะไรมีอิทธิพลมากที่สุดที่ทำให้คุณมั่นใจในพระเจ้าในช่วงแรกๆ (ส่วนที่ 3)

คำชี้แจง: อะไรมีอิทธิพลมากที่สุดที่ทำให้คุณมั่นใจในพระเจ้าในช่วงแรกๆ หมายถึง สิ่งที่มีอิทธิพลส่งเสริมให้เกิด
ความมั่นใจว่าพระเจ้าเป็นจริงในช่วงเริ่มต้นของการเป็นคริสเตียน

5.1 คุณมั่นใจในพระเจ้ามากขึ้น เมื่อคุณได้ไปคริสตจักร *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

5.2 คุณมั่นใจในพระเจ้ามากขึ้น เมื่อคุณได้ไปกลุ่มประชุมตามบ้าน (กลุ่มเซล, กลุ่มแคร์, กลุ่มสามัคคีธรรมตามบ้าน) *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

5.3 คุณมั่นใจในพระเจ้ามากขึ้น เมื่อคุณได้มีส่วนในการรับใช้ในคริสตจักร *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

5.4 คุณมั่นใจในพระเจ้ามากขึ้น เมื่อคุณได้อ่านพระคัมภีร์ *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

5.5 คุณมั่นใจในพระเจ้ามากขึ้น เมื่อคุณได้ฟังคำสอน คำเทศนาในคริสตจักร *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

5.6 คุณมั่นใจในพระเจ้ามากขึ้น เมื่อคุณได้ฟังคำสอน คำเทศนา รายการคริสเตียน หรือโพสต์เรื่องเกี่ยวกับพระเจ้า จากสื่อโซเชียล *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

5.7 คุณมั่นใจในพระเจ้ามากขึ้น เมื่อคุณได้ร้องเพลงนมัสการในคริสตจักร *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

5.8 คุณมั่นใจในพระเจ้ามากขึ้น เมื่อคำอธิษฐานของคุณได้รับคำตอบจากพระเจ้า *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

5.9 คุณมั่นใจในพระเจ้ามากขึ้น เมื่อมีสมาชิกบางคนในครอบครัวคุณได้มารู้จักพระเจ้า *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

5.10 คุณมั่นใจในพระเจ้ามากขึ้น เพราะแบบอย่างชีวิตของเพื่อนคริสเตียนหนุนใจคุณ *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6. วิธีการประกาศในแต่ละอย่างที่คุณเลือกใช้มีประสิทธิภาพมากน้อยเพียงใด (ส่วนที่ 4)

คำชี้แจง: ประสิทธิภาพของวิธีการประกาศ หมายถึง รูปแบบและวิธีการประกาศที่คุณสามารถเชิญชวนผู้ที่ยังไม่
เชื่อในพระเจ้าให้ยับยั้งระดับความสนใจในพระเจ้าจากไม่สนใจมาเป็นระดับที่ปรารถนาอยากรู้จักพระเจ้ายิ่งขึ้น

6.1 การแนะนำให้รู้จักคริสเตียนที่มีชื่อเสียงเป็นที่รู้จักในสังคม *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.2 เชิญชวนมาคริสตจักรในสัปดาห์ปกติ *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.3 เชิญชวนมาคริสตจักรในสัปดาห์ที่มีงานพิเศษ เช่น คริสต์มาส อีสเตอร์ ฯลฯ *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.4 เชิญชวนมากลุ่มสามัคคีธรรมตามบ้าน *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.5 แบ่งปันพระพรและประสบการณ์ตรงกับพระเจ้าแก่เขา *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.6 ประกาศโดยใช้ชีวิตของตนเองเป็นแบบอย่าง รักและดูแลผู้ไม่เชื่ออย่างต่อเนื่องสม่ำเสมอ

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.7 อธิบายพระกิตติคุณอย่างชัดเจนให้ฟัง *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.8 แนะนำให้ลองอ่านพระคัมภีร์ *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.9 แนะนำให้ลองฟังคำสอน คำเทศนา รายการคริสเตียน หรือโพสต์เรื่องเกี่ยวกับพระเจ้าจากสื่อโซเชียล *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.10 แนะนำให้ลองชมภาพยนตร์ที่เกี่ยวกับความเชื่อในพระเจ้า *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.11 แนะนำให้ลองอ่านหนังสือเกี่ยวกับความเชื่อในพระเจ้า *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.12 แนะนำให้ลองฟังเพลงนมัสการพระเจ้า *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

6.13 เชิญชวนให้รับการอธิษฐานเผื่อ แล้วพระเจ้าตอบคำอธิษฐาน *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

7. เหตุผลที่คนที่คุณประกาศ ตัดสินใจมาคริสตจักรหรือกลุ่มสามัคคีธรรมตามบ้าน (ส่วนที่ 4)

คำชี้แจง: เหตุผลที่คนที่คุณประกาศตัดสินใจมาคริสตจักรหรือกลุ่มสามัคคีธรรมตามบ้าน หมายถึง เหตุผลต่างๆ ที่มีน้ำหนักส่งเสริมให้คนที่คุณประกาศตัดสินใจมาคริสตจักรหรือกลุ่มสร้างสรรค์ชีวิต เช่น ครอบครัว แฟน เพื่อน คำสอนที่ดีจากพระคัมภีร์ หรือสื่อโซเชียลต่างๆ หรือประสบการณ์ตรงกับพระเจ้า เป็นต้น

7.1 เพราะมีสมาชิกบางคนในครอบครัวเป็นคริสเตียนอยู่แล้ว *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

7.2 เพราะมีแฟนหรือคู่ชีวิตเป็นคริสเตียน *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

7.3 เพราะมีเพื่อนที่เป็นคริสเตียน *เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

7.4 เพราะมีคริสเตียนที่มีชื่อเสียงเป็นที่รู้จักในสังคมอยู่ในคริสตจักรนั้น *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

7.5 เพราะประทับใจพี่น้องคริสเตียน *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

7.6 เพราะต้องการเรียนพระคัมภีร์ *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

7.7 เพราะต้องการฟังคำสอน คำเทศนาในคริสตจักร *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

7.8 เพราะคริสตจักรมีสื่อโซเชียลที่มีข้อมูลทันสมัยชัดเจน *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

7.9 เพราะต้องการไปเที่ยวชมโบสถ์เพื่อเปิดประสบการณ์ *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

7.10 เพราะมีพระพรและประสบการณ์ตรงกับพระเจ้าส่วนตัว *

เห็นด้วยน้อยที่สุด

เห็นด้วยมากที่สุด

1 2 3 4 5

APPENDIX B

INTERVIEW NOTE OF QUALITATIVE STUDY

Missionary 1	No direct experience in evangelism with Thai M.D.
Q1: What is your overall opinion in regard to evangelism to the Thai M.D.?	<p>Historically, Christian doctors were from western countries and related to royal history and appointed as a royal services and established modern hospital. Christian hospitals in Thailand which were established by Baptist, ศนท, OMF has set up medical center e.g. leprosy center, the early batches of doctors were from western country it might impact the perception of Thai Doctor in regard to Christianity. Church where there were established by Chinese heritage might impact the way Christian doctor thinking.</p> <p>-Thai doctors are busy, work long hours, lots of pressure in their lives result in difficulty in evangelism.</p> <p>- During medical school years, learning of body can lead to creation story.</p> <p>-Expectation of family is high; we need to understand this context as well. We might need to consider the family dynamic.</p> <p>-Hospitality, we may invite them to have meal and personal conversation.</p>
Q2: From your own experience what strategy/method is effective in evangelism to this group?	<p>Creation story is important e.g. in Psalms. Living hospitality. Vacation together; spend time together, showing vulnerability, real life.</p> <p>-Family crisis; death of family members.</p>
Q3. What is the problem and barrier in evangelism to this group?	<p>-communication: we are not trained to communicate to the Buddhist doctors.</p> <p>-church: strangle the person with the Christian</p> <p>-how to be part of the community outside the church.</p> <p>-time: they are busy people, we may intrude them especially the non-medic Christian, the intrusion may turn them off.</p> <p>-Education gap between Thai M.D. and the person who wants to share the gospel.</p>

Q4. What would you recommend for the solution?	-We need to learn to share our testimonies without Christian jargon. -learn to tell the story naturally, time is important a long term investment. We tend to only bring them to Christ.
Q5. What is the church's role and action in evangelism to this group?	-Care group to support the new believers. -Building friendship rather than evangelism -support group for doctors e.g. sending BD cards and present, support doctors in small hospitals. -Doctors appreciation day for their family..... -asking question which can elicit their suspicions and start searching for the answer
Q6. What are the things that you would do the same and things you would do differently in evangelism to this group?	-Doctors in remote area they are lonely young and single and have a bit off time to visit. -Keep expectation low. Don't expect them in church every week or attending care group. -not to exploit witnessing by using a stepping stone to build their social status.

7.1 Recommending a famous and widely known Christian to them.	I'm not sure I'm comfortable about this.
7.2 Inviting them to church on a regular Sunday.	Not very effective.
7.3 Inviting them to church on a special event e.g. Christmas, Easter...etc.	Easier to say yes.
7.4 Inviting them to join house group/care group/fellowship group.	A good one but has to think how to approach it e.g. Alpha program.
7.5 Giving testimony and witnessing direct experience with God and His blessing.	I think it is a lot of power in it especially in a natural setting.
7.6 Evangelize by living testimony; love and take care non-believers consistently.	Important.
7.7 Sharing the gospel clearly and in detail.	No. The Holy Spirit will speak to them.
7.8 Recommending them to read the Bible.	No the whole Bible but just scripture or verses e.g. Genesis chapter 1.
7.9 Recommending them to listen to teaching/sermon, Christian programs available on the social media.	I wouldn't because most of those programs are not for professional.
7.10 Recommending them to watch Christian movie.	I am not sure.
7.11 Recommending them to read Christian book.	Some Christian book is good.
7.12 Recommending them to listen to Christian music.	Some good Christian music they might enjoy.
7.13 Inviting them to request for personal prayer so God will answer the prayer	It is really important. It is an excellent thing to do in a humble.
Seminary professor/Pastor	No direct experience in evangelism with Thai M.D.

Q1: What is your overall opinion in regard to evangelism to the Thai M.D.?	I don't have direct experience in evangelizing to this professional group. Most of doctors I have contacted are Christian doctors. However, doctors are also human; they also have family problems, work pressure. They shoulder a lot of burdens.
Q2: From your own experience what strategy/method is effective in evangelism to this group?	The person who does witnessing to the Thai M.D. should be a person who live a good Christian life and are in the same professional or someone who has higher socio-economic status compared to them.
Q3. What is the problem and barrier in evangelism to this group?	Business and time, ego, intelligence and socio-economic status are the barrier for those who have lower status to access them.
Q4. What would you recommend for the solution?	Encourage Christian doctor to reach out to them.
Q5. What is the church's role and action in evangelism to this group?	-Set up a support group for Doctor who comes to church. -Special project to recruit Christian doctors for reaching out to Thai M.D. -Invite Thai M.D. to participate in charity works organized by church.
Q6. What are the things that you would do the same and things you would do differently in evangelism to this group?	-stop debating topics related to religions. We can win the argument but not the soul.

7.1 Recommending a famous and widely known Christian to them.	I don't think it is effective.
7.2 Inviting them to church on a regular Sunday.	Only if they have friends in the church and the church is interesting.
7.3 Inviting them to church on a special event e.g. Christmas, Easter...etc.	Effective
7.4 Inviting them to join house group/care group/fellowship group.	Only if they have friends in the group. It could be easier compare to inviting them to church.
7.5 Giving testimony and witnessing direct experience with God and His blessing.	May be interesting but I don't think they pay much attention to experience of an individual.
7.6 Evangelize by living testimony; love and take care non-believers consistently.	I don't think it is effective.
7.7 Sharing the gospel clearly and in detail.	I doubt if it is effective.
7.8 Recommending them to read the Bible.	I don't think it is effective.
7.9 Recommending them to listen to teaching/sermon, Christian programs available on the social media.	I think it is effective.
7.10 Recommending them to watch Christian movie.	It's worth trying.
7.11 Recommending them to read Christian book.	I think it is effective.
7.12 Recommending them to listen to Christian	I don't think it is effective.

music.	
7.13 Inviting them to request for personal prayer so God will answer the prayer	I think it is effective especially in those who are facing difficulty in lives.

Dr. 1	
Q1: What is your overall opinion in regard to evangelism to the Thai M.D.?	Compare to other profession group, it takes longer time to build relationship close enough to evangelize and only through personal relationship.
Q2: From your own experience what strategy/method is effective in evangelism to this group?	I think the top three are; personal testimony, living testimony, and pray for them.
Q3. What is the problem and barrier in evangelism to this group?	There are two groups of people; those who are religious (Buddhists) and atheists. Religious people group is full of ego and they don't listen to any reasons from other religious. Buddhism feeds their pride and ego as it focuses on self-enlightenment. Atheist has different challenge as they are self-sufficient. There are not many needs that are not met in their lives.
Q4. What would you recommend for the solution?	I would say by spending more time with them and giving more love to them.
Q5. What is the church's role and action in evangelism to this group?	Pray!
Q6. What are the things that you would do the same and things you would do differently in evangelism to this group?	By living testimony. Stop argument and compare between religions.

7.1 Recommending a famous and widely known Christian to them.	It could draw attention at a certain level.
7.2 Inviting them to church on a regular Sunday.	So far, it is not so effective. Most of the times they refuse to accept invitation.
7.3 Inviting them to church on a special event e.g. Christmas, Easter...etc.	Many doctor friends accept invitation to celebrate Christmas at church.
7.4 Inviting them to join house group/care group/fellowship group.	Not so effective.
7.5 Giving testimony and witnessing direct experience with God and His blessing.	It draws their interests.
7.6 Evangelize by living testimony; love and take care non-believers consistently.	I use this method most of the time but it needs consistency, time and resources.
7.7 Sharing the gospel clearly and in detail.	It draws their interests.
7.8 Recommending them to read the Bible.	I think it is a good thing to do and effective.
7.9 Recommending them to listen to teaching/sermon, Christian programs available on the social media.	I think it is effective.
7.10 Recommending them to watch Christian	I don't think they like it.

movie.	
7.11 Recommending them to read Christian book.	I love handing out Christian book. Some of them show interest in reading them.
7.12 Recommending them to listen to Christian music.	I don't think it is effective.
7.13 Inviting them to request for personal prayer so God will answer the prayer	Most of them are willing to have Christian pray for them. I think it is the opportunity they can experience God first hand.

Dr. 2	
Q1: What is your overall opinion in regard to evangelism to the Thai M.D.?	A lot more difficult for the M.D. group. They are close and don't have much problem in lives, very high ego and self confidence, don't have time to ponder about spirituality.
Q2: From your own experience what strategy/method is effective in evangelism to this group?	By asking intellectual question around hard topics e.g. what is the goal of life, where is the happiness in life, believe in life after death, creation vs. intellectual design.
Q3. What is the problem and barrier in evangelism to this group?	Denial of having trouble in life due to high ego.
Q4. What would you recommend for the solution?	Don't burn the bridge, continue to build relationship and pray for them, waiting for God's timing.
Q5. What is the church's role and action in evangelism to this group?	Ideally, if church can organize a seminar with the topic they interest e.g. discovery of COVID-19 mRNA vaccine by a world renowned Christian speaker. This would definitely draw their attention and come to church to attend the seminar.
Q6. What are the things that you would do the same and things you would do differently in evangelism to this group?	-Continue building relationship with them. -Continue praying for them. -Invite them to Church's special event e.g. Christmas. -Stop debating theology by reasoning. We win the debate but never win the soul.

7.1 Recommending a famous and widely known Christian to them.	I don't think it is effective.
7.2 Inviting them to church on a regular Sunday.	I don't think it is effective.
7.3 Inviting them to church on a special event e.g. Christmas, Easter...etc.	I think it is very effective.
7.4 Inviting them to join house group/care group/fellowship group.	I don't think it is effective.
7.5 Giving testimony and witnessing direct experience with God and His blessing.	I think it is very effective.
7.6 Evangelize by living testimony; love and	I think it is very effective.

take care non-believers consistently.	
7.7 Sharing the gospel clearly and in detail.	Selective sharing to those who are open to listen to the gospel.
7.8 Recommending them to read the Bible.	I think it is effective.
7.9 Recommending them to listen to teaching/sermon, Christian programs available on the social media.	I think it is very effective.
7.10 Recommending them to watch Christian movie.	I've never used it. Can't comment.
7.11 Recommending them to read Christian book.	Since most M.D. love reading, it is an effective way to communicate the gospel.
7.12 Recommending them to listen to Christian music.	I think it is neutral.
7.13 Inviting them to request for personal prayer so God will answer the prayer	I think it is the most effective.

Dr. 3	
Q1: What is your overall opinion in regard to evangelism to the Thai M.D.?	For general population group, we can talk a lot and they are willing to listen. Lots of talking is effective. M.D. keep themselves private, high confidence, doesn't quite listen to reasons from other people. For this group, witnessing by deed is far better than by word (talking a lot) but if they looking for To become a Christian, it is not a function of human but it is the work of the Holy Spirit. M.D. has high ego and God often use insignificant person to lead them to Him.
Q2: From your own experience what strategy/method is effective in evangelism to this group?	When I testify, usually, I clearly explain the four-laws of the Gospel; God is love, we are sinners...
Q3. What is the problem and barrier in evangelism to this group?	Ego is the biggest problem. Doctor is an intellectual human but it is never adequate.
Q4. What would you recommend for the solution?	Spending time in prayer and wait for God's action.
Q5. What is the church's role and action in evangelism to this group?	Setting up a corporate prayer for this particular group.
Q6. What are the things that you would do the same and things you would do differently in evangelism to this group?	Continue to be a living testimony, being kind to them consistently. Avoid being a stumble block,

7.1 Recommending a famous and widely known Christian to them.	Intellectual person is ok but not celebrity.
7.2 Inviting them to church on a regular Sunday.	The more you invite the more they refuse.
7.3 Inviting them to church on a special event	It is very good for acquaintances.

e.g. Christmas, Easter...etc.	
7.4 Inviting them to join house group/care group/fellowship group.	I have not really use this method but think it is good for experiencing a real Christian life
7.5 Giving testimony and witnessing direct experience with God and His blessing.	It is a good tactic. We can talk about our personal experience with God and His blessing.
7.6 Evangelize by living testimony; love and take care non-believers consistently.	I use this tactic all the times. It is very important to keep being friend and helping them.
7.7 Sharing the gospel clearly and in detail.	It is important but it does not work.
7.8 Recommending them to read the Bible.	I recommended to some but not sure if it really effective.
7.9 Recommending them to listen to teaching/sermon, Christian programs available on the social media.	I am using it and people interest in it.
7.10 Recommending them to watch Christian movie.	I have never used it before but it is interesting.
7.11 Recommending them to read Christian book.	I used it a few times but am not sure if it is effective.
7.12 Recommending them to listen to Christian music.	I used to send Christian music VDO clip a few times and am not sure its effectiveness.
7.13 Inviting them to request for personal prayer so God will answer the prayer	I also advice them to pray to God by themselves.

Dr. 4	
Q1: What is your overall opinion in regard to evangelism to the Thai M.D.?	Not much
Q2: From your own experience what strategy/method is effective in evangelism to this group?	By asking intellectual question around hard topics e.g. what is the goal of life, where is the happiness in life, believe in life after death, creation vs. intellectual design.
Q3. What is the problem and barrier in evangelism to this group?	Denial of having trouble in life due to high ego.
Q4. What would you recommend for the solution?	Don't burn the bridge, continue to build relationship and pray for them, waiting for God's timing.
Q5. What is the church's role and action in evangelism to this group?	Ideally, if church can organize a seminar with the topic they interest e.g. discovery of COVID-19 mRNA vaccine by a world renowned Christian speaker. This would definitely draw their attention and come to church to attend the seminar.
Q6. What are the things that you would do the same and things you would do differently in evangelism to this group?	-Continue building relationship with them. -Continue praying for them. -Invite them to Church's special event e.g. Christmas. -Stop debating theology by reasoning. We win

	the debate but never win the soul.
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7.1 Recommending a famous and widely known Christian to them.	I don't think it is effective.
7.2 Inviting them to church on a regular Sunday.	I don't think it is effective.
7.3 Inviting them to church on a special event e.g. Christmas, Easter...etc.	I think it is very effective.
7.4 Inviting them to join house group/care group/fellowship group.	I don't think it is effective.
7.5 Giving testimony and witnessing direct experience with God and His blessing.	I think it is very effective.
7.6 Evangelize by living testimony; love and take care non-believers consistently.	I think it is very effective.
7.7 Sharing the gospel clearly and in detail.	Selective sharing to those who are open to listen to the gospel.
7.8 Recommending them to read the Bible.	I think it is effective.
7.9 Recommending them to listen to teaching/sermon, Christian programs available on the social media.	I think it is very effective.
7.10 Recommending them to watch Christian movie.	I've never used it. Can't comment.
7.11 Recommending them to read Christian book.	Since most M.D. love reading, it is an effective way to communicate the gospel.
7.12 Recommending them to listen to Christian music.	I think it is neutral.
7.13 Inviting them to request for personal prayer so God will answer the prayer	I think it is the most effective.

Dr. 5	
Q1: What is your overall opinion in regard to evangelism to the Thai M.D.?	Comparable other profession group but they are busier, having high ego, intellectual, self confidence. It is a challenge to deal with them.
Q2: From your own experience what strategy/method is effective in evangelism to this group?	By building personal relationship. They are more open to listen.
Q3. What is the problem and barrier in evangelism to this group?	Ego and business. It can be either true business or just an excuse-a polite way to say no.
Q4. What would you recommend for the solution?	By on-going being a living testimony; waiting for God's timing.
Q5. What is the church's role and action in evangelism to this group?	Organize activity which M.D. can involve and contribute e.g. mobile clinic, charity works. They love these kinds of events as they consider doing merit.
Q6. What are the things that you would do the same and things you would do differently in	-Selectively evangelize to person who is open to the Gospel.

evangelism to this group?	-Continue building relationship and to live life as a testimony. -Wide spread and indirect sharing the Gospel through social media platform.
7.1 Recommending a famous and widely known Christian to them.	I don't think it is effective.
7.2 Inviting them to church on a regular Sunday.	I don't think it is effective.
7.3 Inviting them to church on a special event e.g. Christmas, Easter...etc.	I think it is effective at certain level. Some of them come but nothing change afterward.
7.4 Inviting them to join house group/care group/fellowship group.	I think it is neutral.
7.5 Giving testimony and witnessing direct experience with God and His blessing.	Since it is my personal own experience, they can't disagree with it.
7.6 Evangelize by living testimony; love and take care non-believers consistently.	I think it is the most effective. I use this method all the times.
7.7 Sharing the gospel clearly and in detail.	Again, selective sharing to those who are open to listen to the gospel.
7.8 Recommending them to read the Bible.	I've never tired this method. I think it is good.
7.9 Recommending them to listen to teaching/sermon, Christian programs available on the social media.	Simple, don't have to confront with them.
7.10 Recommending them to watch Christian movie.	I've never used it. Can't comment.
7.11 Recommending them to read Christian book.	Since most M.D. love reading, it is an effective way to communicate the gospel.
7.12 Recommending them to listen to Christian music.	I've only passively use it by turning on Christian music in my car during driving with them. It seems to have no effect on them.
7.13 Inviting them to request for personal prayer so God will answer the prayer	Yes, let them experience the answer from God directly and personally.

Missionary 2	
Q1: What is your overall opinion in regard to evangelism to the Thai M.D.?	I don't have many friends as a medical doctor and I've no direct experience. In my opinion, it should be more difficult because they are highly intelligent and very scientific and high ego.
Q2: From your own experience what strategy/method is effective in evangelism to this group?	No direct experience, in the past, I think using logical reason in debating e.g. probability of having God vs. no God. Logically, having God is more logical. But now, I think it would be more effective if we let Holy Spirit led the conversation. I would use collaborate scriptures e.g. 2Timothy and Genesis.
Q3. What is the problem and barrier in evangelism to this group?	Social status is a barrier. I used to have a feeling of inferiority complex toward this group of profession. I have a brother who is M.D. and when I am getting

	older and gain more experience I don't sense this barrier any more.
Q4. What would you recommend for the solution?	Don't use our own intelligence in the game plan but follow the experience of the elder who is more experience in evangelism. Note: generalized from evangelism in general; on own thinking but no proven track record.
Q5. What is the church's role and action in evangelism to this group?	Should be more intentional in evangelism to this group because they can exemplify Jesus Christ. Organize training to evangelize to Thai M.D., retreat program which is more welcoming and not explicitly Christian oriented.
Q6. What are the things that you would do the same and things you would do differently in evangelism to this group?	-Not using logic, apologetic approach but will use story telling technique. -We should not use our own feeling or logic but use Holy Spirit in evangelism.

7.1 Recommending a famous and widely known Christian to them.	It could be work in certain level.
7.2 Inviting them to church on a regular Sunday.	I don't think it is effective.
7.3 Inviting them to church on a special event e.g. Christmas, Easter...etc.	I think it is effective.
7.4 Inviting them to join house group/care group/fellowship group.	I don't think it is effective. I could be selectively used e.g. exclusive M.D. group.
7.5 Giving testimony and witnessing direct experience with God and His blessing.	Yes.
7.6 Evangelize by living testimony; love and take care non-believers consistently.	Yes.
7.7 Sharing the gospel clearly and in detail.	Moderately effective in receptive person.
7.8 Recommending them to read the Bible.	Moderately effective in interested person.
7.9 Recommending them to listen to teaching/sermon, Christian programs available on the social media.	I don't think it is effective.
7.10 Recommending them to watch Christian movie.	Agree with this approach.
7.11 Recommending them to read Christian book.	Yes, it is effective.
7.12 Recommending them to listen to Christian music.	I think music is of interest in most people.
7.13 Inviting them to request for personal prayer so God will answer the prayer	Strongly agree.

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